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OF HEALTH,
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AND WELFARE

Welfare Administration

Children's
Bureau

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Delinquency and
Youth Development

Cuban Refugee
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WELFARE in REVIEW

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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Lags in Reducing Infant Mortality

IN 1915, THE FIRST YEAR for which birth figures were available from registration in the States, the infant mortality rate was 99.9 per 1,000 live births. By 1961 the rate had been reduced 75 percent and stands in 1962 at 25.3, the lowest rate so far attained. This remarkable reduction in infant mortality, roughly in the first half of this century, means that death before 1 year of age has been cut from 1 in 10 infants to 1 in 40. Since medical science, modern technology, and maternal and child health and welfare practice have long focused on problems in infant mortality from many viewpoints, infant survival can be used as a measure of national and community well-being and of technological advancement.

Since the mid-1950's, national progress in reducing infant mortality has been close to a standstill. It is our purpose here to identify some of the infant groups and some of the areas where progress has faltered or fatal risks have in fact been on the increase.

It is obvious that the recent drop-off in gains in infant survival is not due to the nation having already achieved an optimum infant survival rate. On the basis of average experience in the 3-year period, 1959-61, the United States infant death rate ranked 10th among the 15 advanced countries with over 300,000 population (table 1). In the decade from 1949-51 to 1959-61, the United States reduction in infant death rate was the slowest among the countries compared (12.5 percent). Thus in addition to Sweden, Australia, the Netherlands, Norway, and New Zealand, which in 1949-51 had rates below that of the United States, lower rates in 1959-61 prevailed also in Switzerland, Finland, Denmark, and the United Kingdom. This slow pace of reduction in the 1950's moved the U.S. rate from 6th place to 10th among these countries.

In 1962, there was not a State in the United States with a rate as low as 15.3, the 1962 provisional rate in the Netherlands and Sweden. The low State rate in 1962 was Utah's 19.7, about 30 percent above the record low in the Netherlands and Sweden that year.

When considering infant mortality trends in the several States, county groups, and selected cities, it is helpful to recall that an extensive geographic redistribution of the American population has been going on for several decades, with acceleration in the 1950's. These major shifts have affected the maternity and the newborn populations no less than other components. Noteworthy has been the migration from rural, especially rural-farm, areas toward metropolitan areas, and the movement of middle- and high-income families from the central cities to the suburban fringes. Between 1950 and 1960, one-half of the counties in the

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By Eleanor P. Hunt, Ph.D., Child Health Studies Branch, Children's Bureau.

Table I. Infant mortality, United States and selected countries, 1949-51 and 1959-61

(Rates are deaths under 1 year per 1,000 live births)

Countries ranked on average rate 1959-61	1959-61 average rate 1/	1949-51 average rate 2/	Percent decrease since 1949-51
Netherlands 3/	16.3	25.7	-36.6
Sweden	16.3	22.0	-25.9
Norway 4/	18.5	27.2	-32.0
Australia (R) 5/	20.4	25.0	-18.4
Switzerland	21.4	31.9	-32.9
Finland 6/	21.8	42.6	-48.8
Denmark 7/	21.9	31.4	-30.3
United Kingdom 8/	22.6	32.2	-29.8
New Zealand (including Maori)(R)	23.1	28.4	-18.7
United States 9/	25.9	29.6	-12.5
Canada 10/	28.0	41.1	-31.9
Ireland (R) 11/	30.6	48.5	-36.9
Japan 12/	*31.0	60.2	-48.5
Luxembourg 13/	31.6	44.3	-28.7
Federal Republic of Germany 14/	33.2	55.8	-40.5

(R) Data tabulated by year of registration rather than occurrence.

* Provisional data for births in 1961.

1/ Differences among rates for Switzerland, Finland, and Denmark are not statistically significant; similarly those for Ireland, Japan, and Luxembourg. Rate differences between United Kingdom and New Zealand, and between Federal Republic of Germany and Luxembourg are likewise not of statistically significant size.

2/ Rate for Switzerland does not differ significantly from a statistical standpoint from the rate for Denmark and the rate for United Kingdom. The rate for Luxembourg is not significantly higher than rates for Canada and Finland, respectively.

3/ Including residents outside country if listed in a Netherlands population register. Prior to 1959, excluding Amboynese living in camps. Excluding alien armed forces stationed in area.

4/ Including residents temporarily outside country.

5/ Excluding full-blooded aborigines, estimated at 39,319 in June 1954.

6/ Prior to 1951, data are for Finnish nationals in Finland only; beginning 1951, includes also data for nationals temporarily outside country.

7/ Excluding Greenland and Faeroe Islands; including armed forces stationed outside country.

8/ Data are tabulated by year of occurrence for England and Wales, and by year of registration for Northern Ireland and Scotland.

9/ Data refer only to births and deaths occurring within the United States. Alaska included beginning 1959 and Hawaii beginning 1960.

10/ Including Canadian residents temporarily in the United States, but excluding United States residents temporarily in Canada; and Newfoundland, Yukon and Northwest Territories.

11/ Data are for births and deaths registered within 1 year of occurrence.

12/ Data are for Japanese nationals in Japan only. Prior to May 1952, excluding Tokara Archipelago; and prior to 1954, Amani Islands.

13/ Data are for births and deaths among residents.

14/ Including residents of the Federal Republic of Germany temporarily in West Berlin and excluding alien armed forces and non-resident civilians temporarily in the area.

Sources of data: Demographic Yearbook, 1962; and for the following years: 1961, 1956, 1954, 1953, and 1952. Statistical Office, United Nations, New York, New York; other official reports for some countries.
U.S. Department of Health, Education, and Welfare, National Center for Health Statistics, Division of Vital Statistics, for data on the United States.

United States, primarily the rural counties, lost population to the cities 1/.

In the nonwhite population, the proportion of births (live and still) to mothers in cities of the metropolitan counties increased from 44.5 percent in 1950 to 58.3 percent in 1961 (table 2). At the same time the proportion in rural areas of nonmetropolitan counties dropped from 36.1 percent to 22.8 percent.

Nonwhite mothers comprised 18.9 percent of the maternity population of urban areas of the metropolitan counties in 1961, in contrast to 14.0 percent in 1950; in urban areas of nonmetropolitan counties, the percentage was 13.1 in 1961, as compared with 11.6 in 1950.

1/ Bogue, Donald J.: "Population Growth in the United States" in The Population Dilemma. The American Assembly, Columbia University. Prentice-Hall, Inc., Englewood Cliffs, N.J., 1963.

Table 2. Total number of births (live and still) and percent distribution in urban and rural areas of metropolitan and other counties by color: United States, 1961 and 1950

(By place of residence. Data refer only to fetal deaths occurring within the United States for which the period of gestation was given as 20 weeks or more or was not stated.)

County group and area	1961			1950			Percent nonwhite	
	Total	White	Nonwhite	Total	White	Nonwhite	1961	1950
	Number (thousands)							
United States------	4,337	3,652	685	3,622	3,116	506	15.8	14.0
Urban----	2,718	2,238	479	2,196	1,902	293	17.6	13.4
Rural----	1,620	1,413	206	1,427	1,214	213	12.7	14.9
Metropolitan----------	2,772	2,323	450	1,996	1,741	256	16.2	12.8
Urban----	2,111	1,711	400	1,609	1,384	225	18.9	14.0
Rural----	662	612	50	387	357	31	7.5	7.9
Nonmetropolitan-------	1,565	1,329	236	1,626	1,375	251	15.1	15.4
Urban----	607	527	79	587	519	68	13.1	11.6
Rural----	958	801	156	1,039	857	183	16.3	17.6
	Percent							
United States------	100.0	100.0	100.0	100.0	100.0	100.0	----	----
Urban----	62.7	61.3	69.9	60.6	61.1	57.9	----	----
Rural----	37.3	38.7	30.1	39.4	38.9	42.1	----	----
Metropolitan----------	63.9	63.6	65.6	55.1	55.9	50.5	----	----
Urban----	48.6	46.8	58.3	44.4	44.4	44.5	----	----
Rural----	15.3	16.8	7.3	10.7	11.5	6.0	----	----
Nonmetropolitan-------	36.1	36.4	34.4	44.9	44.1	49.5	----	----
Urban----	14.0	14.5	11.6	16.2	16.7	13.4	----	----
Rural----	22.1	21.9	22.8	28.7	27.5	36.1	----	----

Source of data: Public Health Service, Vital Statistics Division.

Table 3. Infant mortality rate: United States, each State and specified areas, 1950, 1955, 1960, 1961, and 1962

(By place of residence. Rate is number of deaths under 1 year per 1,000 live births)

State	Rate per 1,000 live births					Percent change				
	1962	1961	1960	1955	1950	1962 from 1961	1961 from 1960	1960 from 1955	1955 from 1950	1960 from 1950
United States 1/	25.3	25.3	26.0	26.4	29.2	0	-2.7	-1.5	-9.6	-11.0
Alabama	30.8	31.1	32.4	32.0	36.8	-1.0	-4.0	+1.3	-13.1	-12.0
Alaska 2/	34.2	37.0	40.5	37.4	51.8	-7.6	-8.7	+8.3	-27.8	-21.8
Arizona	28.5	30.6	31.9	34.8	45.8	-6.9	-4.1	-8.3	-24.0	-30.4
Arkansas	28.8	27.5	27.4	27.7	26.5	+4.7	+0.4	-1.1	+4.5	+3.4
California	22.9	23.3	23.3	23.6	25.0	-1.7	0	-1.3	-5.6	-6.8
Colorado	25.2	26.2	27.5	30.3	34.4	-3.8	-4.7	-9.3	-11.9	-20.1
Connecticut	22.7	22.3	21.1	21.7	21.8	+1.8	+5.7	-2.8	-0.5	-3.2
Delaware	21.5	26.2	23.8	25.0	30.7	-17.9	+10.1	-4.8	-18.6	-22.5
Dist. Columbia	34.9	35.6	36.4	32.2	30.4	-2.0	-2.2	+13.0	+5.9	+19.7
Florida	28.5	28.9	29.7	29.7	32.1	-1.4	-2.7	0	-7.5	-7.5
Georgia	30.1	29.4	33.0	29.9	33.5	+2.4	-10.9	+10.4	-10.8	-1.5
Hawaii 2/	20.8	21.7	23.2	20.6	24.0	-4.2	-6.5	+12.6	-14.2	-3.3
Idaho	24.1	23.1	22.9	20.8	27.1	+4.3	+0.9	+10.1	-23.3	-15.5
Illinois	24.0	24.3	25.0	24.8	25.6	-1.2	-2.8	+0.8	-3.1	-2.4
Indiana	23.2	24.0	23.9	25.0	27.0	-3.3	+0.4	-4.4	-7.4	-11.5
Iowa	19.8	20.6	21.9	22.1	24.8	-3.9	-5.9	-0.9	-10.9	-11.7
Kansas	23.3	22.1	22.1	23.3	25.7	+0.9	0	-5.2	-9.3	-14.0
Kentucky	26.9	27.8	27.9	30.4	34.9	-3.2	-0.4	-8.2	-12.9	-20.1
Louisiana	31.3	30.3	32.0	31.6	34.6	+3.3	-5.3	+1.3	-8.7	-7.5
Maine	25.3	25.3	25.5	24.7	30.9	0	-0.8	+3.2	-20.1	-17.5
Maryland	26.8	25.7	27.3	27.6	27.0	+4.3	-5.9	-1.1	+2.2	+1.1
Massachusetts	21.8	21.6	21.6	21.9	23.3	+0.9	0	-1.4	-6.0	-7.3
Michigan	24.0	23.9	24.1	24.9	26.3	+0.4	-0.8	-3.2	-5.3	-8.4
Minnesota	20.9	22.2	21.6	21.8	25.1	-5.9	+2.8	-0.9	-13.2	-14.0
Mississippi	40.0	37.8	41.6	37.0	36.7	+5.8	-9.1	+12.4	+0.8	+13.4
Missouri	25.4	24.7	24.7	25.3	29.2	+2.8	0	-2.4	-13.4	-15.4
Montana	25.9	25.6	25.0	25.0	28.2	+1.2	+2.4	0	-11.4	-11.4
Nebraska	20.8	22.8	21.9	23.7	25.0	-8.8	+4.1	-7.6	-5.2	-12.4
Nevada	29.7	28.3	30.1	30.0	37.9	+4.9	-6.0	+0.3	-20.9	-20.6
New Hampshire	22.1	24.4	23.6	25.7	24.5	-9.4	+3.4	-8.2	+4.9	-3.7
New Jersey	23.8	23.6	24.6	24.3	25.2	+0.8	-4.1	+1.2	-4.0	-2.4
New Mexico	30.0	29.6	33.2	43.0	54.8	+1.4	-10.9	-22.8	-21.5	-39.4
New York	24.7	23.7	24.1	24.3	24.7	+4.2	-1.7	-0.8	-1.6	-2.4
North Carolina	30.5	30.7	31.7	30.3	34.5	-0.7	-3.2	+4.6	-12.2	-8.1
North Dakota	22.6	23.2	24.8	25.1	26.6	-2.6	-6.5	-1.2	-5.6	-6.8
Ohio	22.8	23.1	24.0	24.8	26.8	-1.3	-3.8	-3.2	-7.5	-10.5
Oklahoma	23.8	24.0	25.5	26.7	30.2	-0.8	-5.9	-4.5	-11.6	-15.6
Oregon	21.9	22.9	23.2	24.1	22.5	-4.4	-1.3	-3.7	+7.1	+3.1
Pennsylvania	24.0	23.6	24.5	24.6	27.6	+1.7	-3.7	-0.4	-10.9	-11.2
Puerto Rico 3/	41.7	41.5	43.3	55.8	67.5	+0.5	-4.2	-22.4	-17.3	-35.9
Rhode Island	25.5	22.5	23.3	23.4	27.8	+13.3	-3.4	-0.4	-15.8	-16.2
South Carolina	31.5	32.4	34.3	34.1	38.6	-2.8	-5.5	+0.6	-11.7	-11.1
South Dakota	25.3	25.1	28.1	26.1	26.6	+0.8	-10.7	+7.7	-1.9	+5.6
Tennessee	28.7	29.2	29.4	29.2	36.4	-1.7	-0.7	+0.7	-19.8	-19.2
Texas	27.1	26.7	28.9	30.3	37.4	+1.5	-7.6	-4.6	-19.0	-22.7
Utah	19.7	20.3	19.6	20.4	23.7	-3.0	+3.6	-3.9	-13.9	-17.3
Vermont	22.7	27.2	24.1	26.1	24.5	-16.6	+12.9	-7.7	+6.5	-1.6
Virginia	29.2	28.0	29.8	29.5	34.6	+4.3	-6.1	+1.0	-14.7	-13.9
Virgin Islands 3/	29.1	42.7	35.6	44.9	57.0	-31.9	+19.9	-20.7	-21.2	-37.6
Washington	22.8	22.7	23.4	24.5	27.3	+0.4	-3.0	-4.5	-10.3	-14.3
West Virginia	26.5	26.7	25.5	27.3	36.1	-0.8	+4.7	-6.6	-24.4	-29.4
Wisconsin	20.7	22.7	21.8	23.7	25.7	-8.8	+4.1	-8.0	-7.8	-15.2
Wyoming	30.3	27.0	28.2	28.5	32.5	+12.2	-4.3	-1.1	-12.3	-13.2

1/ Includes Alaska and Hawaii in 1960, 1961, and 1962. Excludes Puerto Rico and Virgin Islands.
2/ By place of occurrence in 1950 and 1955.
3/ By place of occurrence.
Source of data: Public Health Service, Vital Statistics Division.

Table 4. Infant mortality average annual rates: United States, by State and specified areas, 1958-61 and 1954-57

(By place of residence. Exclusive of fetal deaths)

State	Rate per 1,000 live births		Percent change 1958-61 from 1954-57
	1958-61	1954-57	
U.S. 1/--	26.2	26.3	-0.4*
Ala.--------	32.7	32.1	+1.9
Alaska 2/--	39.7	38.0	+4.5
Ariz.------	32.1	35.6	-9.8**
Ark.--------	26.9	26.5	+1.5
Calif.-----	23.7	24.0	-1.3*
Colo.------	28.3	30.2	-6.3**
Conn.------	22.4	21.9	+2.3
Del.--------	25.7	25.4	+1.2
D.C.--------	36.8	32.5	+13.2**
Fla.--------	30.5	31.2	-2.3
Ga.---------	31.5	30.5	+3.3*
Hawaii 2/--	23.0	22.4	+2.7
Idaho------	23.0	22.9	+0.4
Ill.--------	24.8	24.9	-0.4
Ind.--------	24.0	24.7	-2.8*
Iowa--------	21.7	21.2	+2.4
Kans.------	22.5	23.4	-3.9*
Ky.---------	28.1	29.6	-5.1**
La.---------	32.5	31.2	+4.2**
Maine------	25.8	24.8	+4.0
Md.---------	27.6	27.2	+1.5
Mass.------	22.1	22.5	-1.8
Mich.------	24.2	24.7	-2.0
Minn.------	21.9	22.0	-0.5
Miss.------	39.8	37.1	+7.3**
Mo.---------	25.1	25.4	-1.2
Mont.------	25.2	25.2	0
Nebr.------	23.2	23.4	-0.9
Nev.--------	30.6	30.1	+1.7
N.H.--------	23.7	24.2	-2.1
N.J.--------	24.3	24.1	+0.8
N. Mex.----	33.2	40.1	-17.2**
N.Y.--------	24.3	23.9	+1.7**
N.C.--------	31.9	30.5	+4.6**
N. Dak.----	24.2	25.0	-3.2
Ohio--------	24.4	24.8	-1.6*
Okla.------	25.2	26.5	-4.9**
Oreg.------	23.6	22.9	+3.1
Pa.---------	24.6	24.6	0
P.R. 2/----	46.4	54.7	-16.2**
R.I.--------	22.8	23.7	-3.8
S.C.--------	33.9	32.7	+3.7*
S. Dak.----	25.6	25.2	+1.6
Tenn.------	29.9	29.0	+3.1*
Tex.--------	28.7	30.1	-4.7**
Utah--------	20.5	21.2	-3.3
Vt.---------	24.3	25.2	-3.6
V.I. 2/----	41.4	50.4	-17.9*
Va.---------	30.0	30.0	0
Wash.------	24.1	24.1	0
W. Va.-----	26.4	27.0	-2.2
Wisc.------	22.9	22.7	+0.9
Wyo.-------	27.5	28.3	-2.8

*Statistically significant change. **Highly significant change, from a statistical standpoint.
1/Exclusive of Alaska prior to 1959, Hawaii prior to 1960, and of Puerto Rico and Virgin Islands.
2/Data for Puerto Rico and Virgin Islands are by place of occurrence; for Alaska, by place of occurrence prior to 1959; for Hawaii, by place of occurrence prior to 1960.

In the white population, a considerably larger proportion of births were to mothers in rural areas of metropolitan counties in 1961 (16.8 percent) than in 1950 (11.5 percent). The major segment of births to white mothers continued to be in urban areas of metropolitan counties, with an increase from 44.4 percent of all births to white mothers in 1950 to 46.8 in 1961.

State Infant Mortality Rates

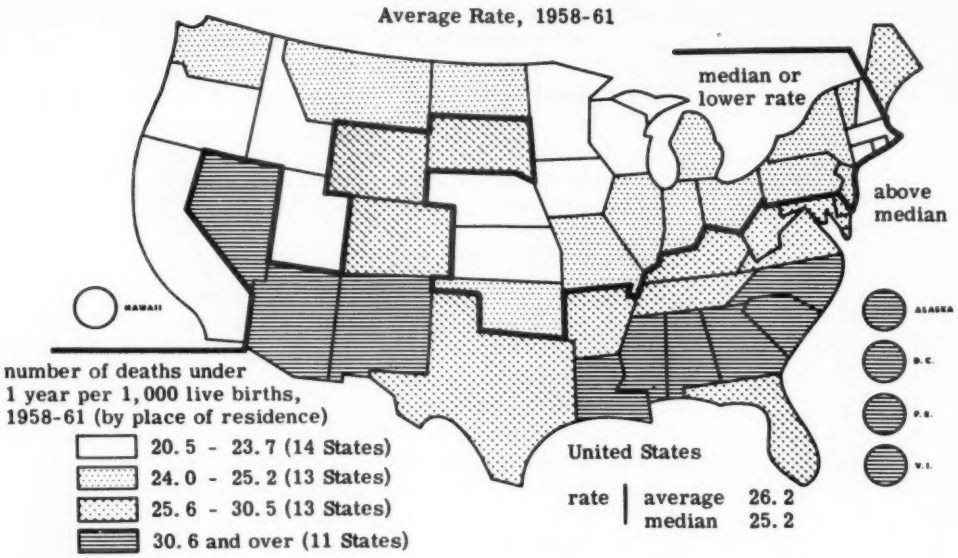
In 1962, infant death rates in the several States ranged from the low of 19.7 in Utah to 40 per 1,000 in Mississippi, a level which has not prevailed nationally for two decades (table 3). Rate changes in 1962 from 1961 and in 1961 from 1960 reached statistical significance in only a few States, and in other cases could be explained as fortuitous fluctuations. Significant reductions were made in 1962 by Delaware and Wisconsin, while significant increases occurred in Mississippi and New York. In 1961, eight States reduced their rates significantly (Georgia, Louisiana, Mississippi, New Mexico, Ohio, Pennsylvania, Texas, Virginia), and none had significant increases.

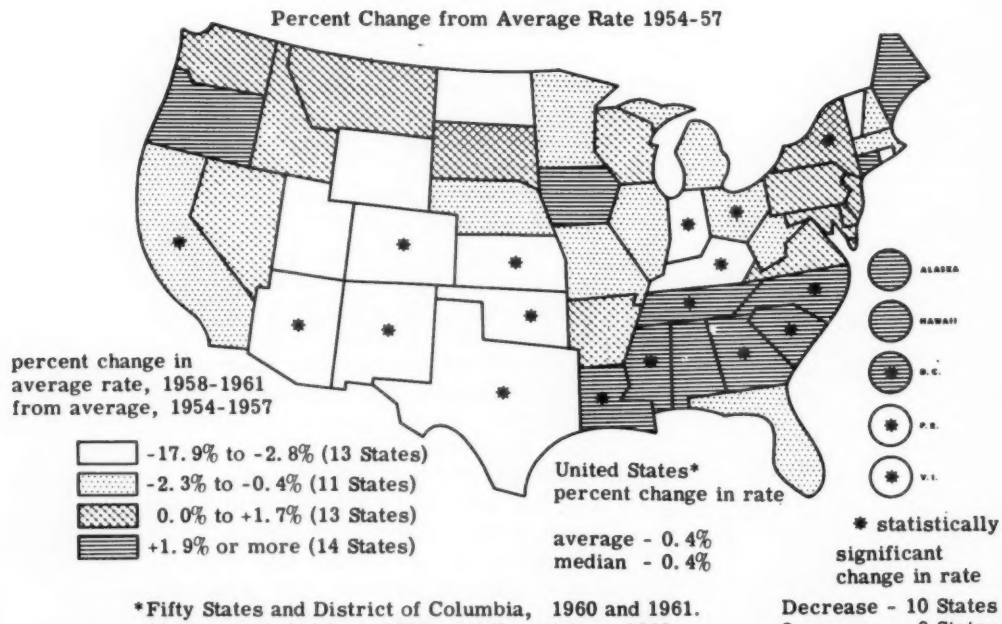
The average annual infant mortality level in each State in a recent 4-year period, 1958-61, and the trend since the preceding 4-year period, 1954-57, are shown for total infants in the maps and in table 4.

The entire southern tier of States together with South Dakota, Wyoming, Colorado, and Nevada had rates higher than the median, 25.2, for the period 1958-61. Since 1954-57, the U.S. rate was reduced only 0.4 percent. Significant reductions occurred in 10 States (California, Arizona, New Mexico, Colorado, Texas, Kansas, Indiana, Oklahoma, Ohio, Kentucky), Puerto Rico, and Virgin Islands.

The average infant mortality rate in 1958-61 was significantly higher than in the preceding 4-year period in New York, District of Columbia, North

INFANT MORTALITY





*Fifty States and District of Columbia, 1960 and 1961. Alaska, included from 1959, and Hawaii from 1960.

Carolina, South Carolina, Georgia, Tennessee, Mississippi, and Louisiana.

During these years, for the nation as a whole, mortality in early (under 28 days) and later (1-11 months) infancy among white infants was significantly reduced, while the rate for the newborn nonwhite infant group was not reduced and, for nonwhite infants in later infancy, the rate increased significantly.

From 1954-57 to 1958-61 no State reduced both its neonatal and postneonatal death rate among nonwhite as well as white infants.

In Urban and Rural Areas of Metropolitan and Nonmetropolitan Counties

Annual infant mortality rates in the urban and rural areas of metropolitan and nonmetropolitan counties for 1950-61 are shown in table 5. Percent change in rate from 1960 to 1961 and during the 1950's is also given.

Throughout the 1950's, infant populations in urban places, cities and towns generally, had somewhat higher death rates than those in the rural areas in metropolitan counties, which comprise many suburban places. The infant mortality rate in 1961 in the urban areas of metropolitan counties was 25.0 and, in urban parts of nonmetropolitan counties, 27.2, in contrast to the low rate of 22.0 prevailing in the rural areas in metropolitan counties.

Infant death rates in cities thus resumed their excess over rural and small town rates in the mid-1950's after nearly a quarter century of leadership in demonstrating attainment of increasingly higher levels of survival in the first year of life. The most favorable conditions for infant survival are to be found now in rural places of counties with large cities (metropolitan); risks in far outlying rural areas of counties without a city as large as 50,000 population (nonmetropolitan) run about 20 percent higher (see following table).

Year	Infant death rate per 1,000 live births to rural residents		Percent excess of nonmetropolitan
	Metropolitan counties	Nonmetropolitan counties	
1961----------	22.2	26.8	21
1960----------	22.5	28.0	24
1955----------	22.9	27.9	22
1950----------	26.4	32.0	21

This excess of "remote" rural mortality over that in rural places near large cities is particularly marked among nonwhite infants in the postneonatal period (1-11 months), amounting to about 50 percent in 1961, when the nonmetropolitan rural rate for older nonwhite infants (1-11 months) was 22.1 per 1,000 as compared with 14.5 in rural areas of metropolitan counties and 5.3 in the latter areas for white infants.

Table 5. Infant mortality rate in urban and rural areas of metropolitan and nonmetropolitan counties and percent change in rate, selected years, by age, and color: United States, 1950-61 1/

(By place of residence)

Age, urban and rural areas in county groups	Rate per 1,000 live births												Percent change in rate			
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1961 from 1960	1960 from 1955	1955 from 1950	1960 from 1950
Infant (under 1 year)--	29.2	28.4	28.4	27.8	26.6	26.4	26.0	26.3	27.1	26.4	26.0	25.3	-2.7	-1.5	-9.6	-11.0
Urban----	28.4	----	----	27.6	26.8	26.6	26.6	27.1	27.5	27.0	26.3	25.5	-3.1	-1.1	-6.3	-7.4
Rural----	30.4	----	----	28.1	26.3	26.2	25.1	25.3	26.4	25.5	25.7	24.9	-3.1	-1.9	-13.8	-15.5
Metropolitan-------	26.4	25.9	26.1	25.8	25.3	25.0	24.9	25.4	26.1	25.3	24.9	24.4	-2.0	-0.4	-5.3	-5.7
Urban----	26.5	----	----	26.2	25.9	25.7	26.0	26.6	27.1	26.6	25.8	25.0	-3.1	+0.4	-3.0	-2.7
Rural----	26.4	----	----	24.1	23.2	22.9	21.6	21.9	23.0	21.8	22.5	22.0	-2.2	-1.8	-13.3	-14.8
Nonmetropolitan----	32.6	31.7	31.6	30.5	28.4	28.4	27.6	27.8	28.6	28.0	28.0	26.9	-3.9	-1.4	-12.9	-14.1
Urban----	33.8	----	----	31.4	29.3	29.1	28.3	28.5	28.6	28.1	27.9	27.2	-2.5	-4.1	-13.9	-17.5
Rural----	32.0	----	----	30.0	27.9	27.9	27.2	27.4	28.6	27.9	28.0	26.8	-4.3	+0.4	-12.8	-12.5
Neonatal (under 28 days)----------	20.5	20.0	19.8	19.6	19.1	19.1	18.9	19.1	19.5	19.0	18.7	18.4	-1.6	-2.1	-6.8	-8.8
Urban----	21.2	----	----	20.3	20.1	20.0	20.1	20.3	20.5	20.1	19.5	19.1	-2.1	-2.5	-5.7	-8.0
Rural	19.5	----	----	18.3	17.6	17.7	17.2	17.2	17.9	17.4	17.4	17.1	-1.7	-1.7	-9.2	-10.8
Metropolitan-------	19.8	19.4	19.2	19.1	19.0	19.0	18.9	19.2	19.6	19.0	18.6	18.3	-1.6	-2.1	-4.1	-6.1
Urban----	20.2	----	----	19.8	19.7	19.7	19.8	20.2	20.5	20.1	19.3	18.9	-2.1	-2.0	-2.5	-4.5
Rural----	18.2	----	----	16.8	16.7	16.8	15.9	16.1	16.8	16.0	16.4	16.2	-1.2	-2.4	-7.7	-9.9
Nonmetropolitan----	21.4	20.9	20.6	20.1	19.2	19.3	19.0	18.9	19.3	19.1	18.9	18.6	-1.6	-2.1	-9.8	-11.7
Urban----	24.0	----	----	21.9	21.1	21.0	20.6	20.5	20.5	20.2	20.2	19.9	-1.5	-3.8	-12.5	-15.8
Rural----	20.0	----	----	19.0	18.0	18.2	17.9	17.9	18.5	18.3	18.1	17.7	-2.2	-0.6	-9.0	-9.5
Postneonatal (1-11 months)----------	8.7	8.4	8.6	8.2	7.5	7.3	7.1	7.2	7.6	7.4	7.3	6.9	-5.5	0	-16.1	-16.1
Urban----	7.2	----	----	7.3	6.7	6.6	6.5	6.8	7.0	6.9	6.8	6.4	-5.9	+3.0	-8.3	-5.6
Rural----	11.0	----	----	9.8	8.7	8.5	7.9	8.1	8.6	8.1	8.3	7.8	-6.0	-2.4	-22.7	-24.6
Metropolitan-------	6.7	6.5	6.8	6.7	6.3	6.0	6.0	6.2	6.5	6.3	6.3	6.1	-3.2	+5.0	-10.5	-6.0
Urban----	6.3	----	----	6.4	6.2	6.0	6.2	6.4	6.6	6.9	6.5	6.1	-6.2	+8.3	-4.8	+3.2
Rural----	8.2	----	----	7.3	6.5	6.1	5.7	5.8	6.2	5.8	6.1	6.0	-1.6	0	-25.6	-25.6
Nonmetropolitan----	11.2	10.8	11.0	10.4	9.2	9.1	8.6	8.9	9.3	8.9	9.1	8.3	-8.8	0	-18.8	-18.8
Urban----	9.8	----	----	9.5	8.2	8.1	7.7	8.0	8.1	7.9	7.7	7.3	-5.2	-4.9	-17.4	-21.4
Rural----	12.0	----	----	11.0	9.9	9.7	9.3	9.5	10.1	9.6	9.9	9.1	-8.1	+2.1	-19.2	-17.5

1/ Fifty States and District of Columbia, including Alaska from 1959 and Hawaii from 1960.

Rate Trends in Metropolises

During the 1950's, infant mortality in urban places of the metropolitan counties decreased more slowly than in other urban areas: -2.7 percent reduction in 1960 from 1950, as compared with -17.5 percent in the urban areas of nonmetropolitan counties and -11.0 percent for the United States as a whole. Many cities experienced a significant increase in infant mortality rate for residents. Infant mortality rates by color are shown in table 6 for the 10 largest cities of the United States (1960) for 1950, 1955, 1960, and 1961, with percent change in rate from 1950 to 1955 and 1960, from 1955 to 1960, and from 1960 to 1961.

In 1961, the infant death rate in all but one of these cities (Houston) was higher than that of the respective State, and the excess in city over State rates was evident in the postneonatal as well as the neonatal period, except for Los Angeles where the postneonatal rate (5.6) was below State average (6.0).

Table 6. Infant mortality rates, by color, United States and selected cities, 1950, 1955, 1960, and 1961

(By place of residence)

Cities ranked by number of live births, 1961	Number of live births		Rate per 1,000 live births				Percent change in rate			
	1961	1960	1961	1960	1955	1950	1961 from 1960	1960 from 1955	1955 from 1950	1960 from 1950
New York City----	160,396	157,706	25.7	26.3	26.4	24.9	-2.3	-0.4	+6.0	+5.6
White--------	123,258	122,640	21.4	21.6	23.2	22.4	-0.9	-6.9	+3.6	-3.6
Nonwhite-----	37,138	35,066	40.0	42.6	40.8	39.1	-6.1	+4.4	+4.3	+9.0
Chicago----------	87,958	88,686	27.7	29.0	27.3	25.4	-4.5	+6.2	+7.5	+14.2
White--------	56,420	57,768	22.9	23.4	21.6	23.0	-2.1	+8.3	-6.1	+1.7
Nonwhite-----	31,538	30,918	36.4	39.5	41.7	34.8	-7.9	-5.3	+19.8	+13.5
Los Angeles------	55,734	55,308	23.7	24.5	23.2	24.8	-313	+5.6	-6.5	-1.2
White--------	41,412	41,502	21.9	22.3	21.3	23.1	-1.8	+4.7	-7.8	-3.5
Nonwhite-----	14,322	13,806	28.8	31.1	30.8	34.9	-7.4	+1.0	-11.8	-10.9
Philadelphia-----	44,988	44,606	29.8	31.6	32.2	31.1	-5.7	-1.9	+3.5	+1.6
White--------	28,844	28,620	23.5	26.2	26.7	25.8	-10.3	-1.9	+3.5	+1.6
Nonwhite-----	16,144	15,986	41.1	41.3	44.6	46.9	-0.5	-7.4	-4.9	-12.0
Detroit----------	34,626	36,060	27.8	30.9	26.1	26.9	-10.0	+18.4	-3.0	+14.9
White--------	21,296	22,496	23.9	25.6	21.8	24.9	-6.7	+17.4	-12.5	+2.8
Nonwhite-----	13,330	13,564	34.1	39.7	36.0	34.6	-14.1	+10.3	+4.0	+14.7
Houston----------	26,038	19,872	26.3	28.5	26.9	28.7	-7.7	+5.9	-6.3	-0.7
White--------	18,352	13,324	22.3	23.8	22.8	25.6	-6.3	+4.4	-10.9	-7.0
Nonwhite-----	7,686	6,548	35.8	38.2	37.9	38.5	-6.3	+0.8	-1.6	-0.8
Baltimore--------	22,852	23,372	32.5	32.6	30.9	28.0	-0.3	+5.5	+10.4	+16.4
White--------	11,694	12,096	25.6	25.0	24.0	22.6	+2.4	+4.2	+6.2	+10.6
Nonwhite-----	11,158	11,276	39.8	40.9	42.0	38.8	-2.7	-2.6	+8.2	+5.4
Cleveland--------	21,624	22,034	27.9	31.0	28.8	25.6	-10.0	+7.6	+12.5	+21.1
White--------	13,880	14,354	23.3	26.2	22.3	23.1	-11.1	+17.5	-3.5	+13.4
Nonwhite-----	7,744	7,680	36.2	39.8	44.5	34.9	-9.1	-10.6	+27.5	+14.0
Dist.Columbia----	20,372	19,872	35.6	36.4	32.2	30.4	-2.2	+13.0	+5.9	+19.7
White--------	6,140	6,196	27.2	29.4	23.7	30.5	-7.5	+24.1	-22.3	-3.6
Nonwhite-----	14,232	13,676	39.2	39.6	39.2	30.2	-1.0	+1.0	+29.4	+30.7
St. Louis--------	18,584	19,432	31.4	32.6	27.7	25.8	-3.7	+17.7	+7.4	+26.4
White--------	11,324	11,894	24.5	24.5	23.1	21.2	0	+6.1	+9.0	+15.6
Nonwhite-----	7,266	7,538	42.1	45.5	38.0	40.9	-7.5	+19.7	-7.1	+11.2
United States 1/-	4,268,326	4,257,850	25.3	26.0	26.4	29.2	-2.7	-1.5	-9.6	-11.0
White--------	3,600,864	3,600,744	22.4	22.9	23.6	26.8	-2.2	-3.0	-12.0	-14.6
Nonwhite-----	667,462	657,106	40.7	43.2	42.8	44.5	-5.8	+0.9	-3.8	-2.9

1/ Exclusive of Puerto Rico and Virgin Islands, each year specified, and of Alaska and Hawaii in 1950 and 1955.

In 7 of the 10 cities, neonatal and total infant death rates in 1961 were higher than in 1950. The exceptions were Los Angeles, Philadelphia, and Houston. Philadelphia was distinguished in having 1961 rates for all infants which were below rates prevailing there in 1950. The excess in 1961 rates over 1950 rates was limited to postneonatal mortality in Los Angeles and Houston.

Neighborhood Differences in Urban Mortality

Early studies in cities by the Children's Bureau described the then prevailing relationships between infant mortality levels, earnings of the father, housing congestion, and various other socioeconomic and cultural factors 2/. Today's situation in blighted neighborhoods of many of our larger cities is reminiscent of these relationships.

In neighborhoods comprising the "low socioeconomic areas" of our large cities, risks to infants are often much higher than in other parts of the same cities. In one of our far western cities (Oakland), the infant death rate in census tracts classified in the "low socioeconomic area" was 27.6 in comparison with 16.1 in the "high socioeconomic area" and 23.7 for the city as a whole in 1961 3/. The "low socioeconomic area" here, in contrast to those designated as "high" or as "medium," comprised the census tracts ranking in the lowest third on the bases of median income (1959), density of housing, percent Negro population, and percent Spanish-white population in the 1960 census.

In Chicago, mortality in late infancy (1-11 months) in 1961 in the "lowest socioeconomic area" of the city was at a rate several times that in the "highest socioeconomic group" of census tracts (11.1 as compared with 3.1 per 1,000) 4/. In this study the "lowest socioeconomic area" consisted of the lower fifth of census tracts according to data from the 1950 census concerning family income, average rental or value of home, percent nonwhite, and percent of professional workers.

Rising Incidence of Prematurity

In the United States as a whole the incidence of prematurity (birth weight 2,500 grams or less) has increased from 7.5 percent of live born infants in 1950-51 to 7.9 in 1960, 7.8 in 1961, and 8.0 in 1962. Among nonwhite infants, the incidence increased from 10.7 in 1951 to 13.1 in 1960. (Better reporting may account for some of this increase.) Among white infants the incidence has hovered about 7.0 percent (7.1 percent in 1950; 7.0 in 1951; 6.8 in 1955 and 1960; 6.9 in 1961, and 7.0 in 1962). Since 1960, the number of premature or "low-weight" babies has been in the neighborhood of 325,000 as compared with 307,000 and fewer in 1955 and 1950, respectively. An increasing incidence of prematurity increases the segment of the newborn population subjected to the high fatality risk of

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2/ Woodbury, Robert Morse: Causal Factors in Infant Mortality. Children's Bureau publication No. 142, Children's Bureau, U.S. Department of Labor. Government Printing Office, Washington, 1925.

3/ Report from Alameda County Health Department, Oakland, Calif., 1961.

4/ Report from Board of Health, City of Chicago, 1961.

"low-weight" infants, for whom the neonatal death rate is about 20 times that of the term baby 5/.

An increasing proportion of infant mortality occurs in the first day of life, and in low-weight infants. In 1950 about one-third of infant deaths occurred in the first day, but in 1962 closer to 40 percent died the first day. Reduction of mortality just after birth has been slower than at older ages. The death rate in 1959, 1960, and 1961 for infants under 1 day old was stationary at 10.3 per 1,000. In 1962 the rate increased further to 10.4, higher than in any year since 1949. The health and survival of infants just before, during, or just after birth (perinatal period) are closely bound to maternal health and welfare. We know that infants born to mothers who were without prenatal care have a higher death rate in the perinatal period than do babies whose mothers received even "some" prenatal care. These findings were reported by the Perinatal Study of the National Foundation for Medical Research, which included about 84,000 mothers who carried their infants to term. Four out of five of the mothers who had no prenatal care were ward, or service patients with limited financial resources 6/.

The problem of little or no prenatal care, with relatively high incidence of prematurity, is concentrated in large part among low-income families. For example, the comparison of prenatal care received by medically indigent patients in the public hospital in San Francisco in 1961 with that received by patients in the University Hospital shows quite typically that mothers of low-income families seek care later and, as might be expected, receive less care 7/, 8/.

At the University Hospital three out of four maternity patients seek care before the 28th week of pregnancy, while at the municipal hospital about two out of five do so. And only 1 percent of the maternity patients at the University Hospital have had no prenatal visits, whereas at the municipal hospital the proportion without antepartum care is 16 percent.

The perinatal mortality rate was twice as high among infants of the lower income group of mothers served in the municipal hospital (4.0 percent) as compared with infants in the University Hospital (2.0 percent). At the same time the prematurity rate was about double, 12.4 percent of live births for the medically indigent group compared with 6.7 percent

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5/ Shapiro, Sam, and Unger, Jeanne: "Weight at Birth and Its Effect on Survival of the Newborn in the United States, Early 1950." Vital Statistics, Selected Studies, Vol. 39, No. 1, 1954. Department of Health, Education, and Welfare, National Office of Vital Statistics.

6/ Foundation for Medical Research: "Perinatal Study." Newsletter, 1963. Philadelphia, Pa.

7/ San Francisco General Hospital: Annual Reports of Department of Obstetrics and Gynecology, 1961. San Francisco, Calif.

8/ University of California, School of Medicine Hospital: Annual Report, 1961. San Francisco, Calif.

among mothers cared for in the University Hospital, as was the incidence of toxemia--8.9 percent as compared with 4.0 percent.

City health department statistics for health districts in New York 9/, Washington 10/, and Philadelphia 11/ show a strong association between low socioeconomic level of living, low availability and/or utilization of prenatal care, well above average incidence of prematurity, and relatively high infant mortality.

Other reports indicate that the proportions of women who receive little or no prenatal care in still other cities are substantial and perhaps increasing: at Grady Hospital in Atlanta, 23 percent; in Dallas, one-third of low-income patients; at Los Angeles County Hospital, 20 percent; and in the Bedford-Stuyvesant section of Brooklyn, 41 percent 12/.

Another factor tending to increase prematurity incidence is the decreasing average age of mothers. Younger mothers, other things being equal, experience a somewhat higher prematurity rate. In 1950, mothers 15-19 and 20-24 years contributed 18 and 39 percent, respectively, to first and second order live births, whereas in 1962, they contributed 27 and 46 percent, respectively, to first and second live births 13/.

Deaths From Infections

Infant deaths from unspecified infections have been on the increase during the 1950's:

Cause group 14/	Rate per 10,000 live births	
	1961	1951
Other sepsis of new born (765-768)----------	1.7	1.1
Other respiratory diseases (470-475, 500-527)--	6.0	4.1
Septicemia and pyemia (053)----------	0.9	0.5
Pneumonia of newborn (763)----------	8.3	7.5
Meningitis except meningococcal and tuberculous (340)----------	2.1	1.5
Specified causes-----	19.0	14.7

Jointly, these infections claimed 8,120 infant lives in 1961 as compared with 5,542 in 1951. In the latter year they comprised 5.2 percent of infant deaths and in 1961, 7.6 percent.

9/ New York City Department of Health: Summary of Vital Statistics, 1962.
10/ District of Columbia Department of Health: Vital Statistics, 1961.
11/ Philadelphia Department of Public Health: Annual Statistical Report, 1961.
12/ Lesser, Arthur J: Current Problems of Maternity Care. Children's Bureau, Welfare Administration, 1963.
13/ U.S. Public Health Service: Monthly Vital Statistics Report, Vol. 12, No. 6, supplement, August 20, 1963.
14/ Cause Categories and Code Numbers are those of the International Statistical Classification of Diseases, Injuries, and Causes of Death, Sixth Revision for 1951; Seventh Revision for 1961.

Discussion

Some of the reasons found in special studies of why mothers in low-income families do not receive adequate care in pregnancy and subsequently their infants also receive inadequate care have been noted elsewhere 15/. Noteworthy are problems of patient transportation from home to centralized facilities (long distances, inconvenience, and expense); excessive eligibility and residence requirements coupled with local variation and large cash prepayments; family lack of knowledge of the importance of early and continuous care in maternity; poor health habits and ignorance of nutrition needs in maternity and infancy; and inadequacy of help from outside sources. The range of these obstacles calls for a multifaceted attack on the present problems of excess mortality in infancy and the more or less stationary state of the national infant mortality rate.

The national rate has declined slowly in recent years due to uneasy balance between a decreasing death rate among white infants and a plateau or even rise in rate among nonwhite infants. Mortality differentials between white and nonwhite infants have increased accordingly since 1950.

Excess mortality of the newborn is particularly marked in our cities, and especially in the larger ones, where neighborhood differences in family income, in educational levels, in unemployment, and in access to and use of necessary care are extensive.

In contrast, in later infancy (1-11 months), the largest excess in death rate prevails in the primarily rural counties without large cities (50,000 population), and removed from metropolitan centers.

In addition to giving dimension to loss in human resources and to fruitless expenditure of maternal effort, infant mortality levels and trends tell us something about health levels in the maternity and infant populations and responsiveness of the community to changing health needs.

The ill infant who becomes a death statistic is a fatality among a group of ill infants, others of whom were saved from death 16/. Deaths are evidence of reservoirs of morbidity in the infant (and, in some cases, the maternity) population, and point to various health conditions which, if improved, can reduce the incidence of illness and its fatalities.

As evidenced by attainment of relatively low infant death rates in urban fringe areas and in high-income and otherwise favored neighborhoods of many cities, a major reduction in the infant death toll is technically possible through the application of already existing health and medical knowledge. Nevertheless, because of the association of high infant mortality with low family income, poor housing, little schooling, and

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15/ Lesser, Current Problems, p. 6.

16/ If the fatality rate for the given condition was less than 100 percent.

other attributes of families in poor socioeconomic circumstances, significant reductions in infant mortality in these families and for the country as a whole depends upon continuing and combined efforts of many professional and auxiliary groups in the fields of community health, welfare, housing, education, and other services, as well as upon a major increase in the income level of these families.

Technical Note

Definitions of urban and rural areas relative to births and deaths are those of the National Vital Statistics Division, Public Health Service. Definitions of metropolitan and nonmetropolitan counties (and of urban and rural areas relative to total population) are those of the Bureau of the Census. All data unless otherwise noted are from the National Vital Statistics Division, Public Health Service. Evaluation of the statistical significance of change in a State infant mortality rate was based on the value of chi-square under a hypothesis of uniform mortality conditions. Values with p. greater than .01 and not over .05 (d.f.1) were considered significant; with p. of .01 or less, highly significant. The difference between two infant mortality rates of different countries was regarded as significant if it amounted to more than twice the standard error of the difference.

Low-Income Families

A recent Census report, "Low Income Families: 1960" (Supplementary Reports, 1960 Census of Population, February 1964), provides extensive State and national data on the relationships between family characteristics and family income.

Of the 9.7 million families in the United States whose 1959 incomes were under $3,000, 2.2 million were found to be white families with an aged male head, 1.4 million were white families with a female head, 1.6 million were white families with a male head under 65 who was unemployed part of the year, and 2.0 million were nonwhite families. These four groups together comprised about three-fourths of the low-income families in 1959.

Husband-wife families with the husband under 65 accounted for 77 percent of all families but for only 50 percent of families with incomes under $3,000 in 1959. Families headed by a woman 65 or over were 2 percent of all families but nearly 5 percent of families with incomes under $3,000.

About 19 out of 100 white families had an income under $3,000 in 1959; about 48 of 100 nonwhite families had an income under $3,000. Seventy percent of nonwhite families headed by a male 65 years and over and 75 percent of nonwhite families headed by a female had incomes under $3,000.

Cost of Drugs -- A Progress Report

HOW DO OLDER PEOPLE MANAGE to pay for drugs with their marginal income? What makes drugs cost so much? What provisions for drugs exist for the economically dependent? How do State welfare departments meet the problem of increasing drug costs? These are the familiar questions which gave impetus to the current study of drug costs now underway in the Division of Research, Welfare Administration.

The Aging Are Particularly Vulnerable

Aged persons are likely to meet special hardships in securing the drugs needed for medical care. Age brings with it a gradual deterioration of physiological functions. Chronic diseases and conditions are more likely to develop, as well as certain mental and emotional problems.

The longer life expectancy has little meaning in a nation's development if older persons lack the minimum resources to sustain themselves without unnecessary suffering.

Chemical and medical advances have made a better life available for those who have the means and access to these new resources. What can be done within the public welfare system to make available drugs needed for medical care to needy and neglected persons? and what can be done to administer drug provisions more efficiently so that the most can be obtained from the funds available?

The efficient provision of drugs to the needy and indigent is a complex problem, fraught with issues which cut across each phase of drug development, production, and dispensing. The exploratory stage of the study has disclosed these issues and the ultimate utility of this inquiry will depend upon the constructive measures which appear feasible within the jurisdiction of the public welfare agency.

Drugs Available for the Poor

Prior to 1950, aid for medical care at any age was left to the family, to State or local governments, or to local voluntary charities. Federal medical aid was available only for a few special groups, such as merchant seamen, Indians, and the armed services.

Limited medical aid has been provided through public assistance vendor payments since 1950.

By Raymond F. Clapp, Consultant, Division of Research, Welfare Administration.

The most significant expansion of medical care for low-income persons from public assistance funds has resulted from the Kerr-Mills legislation of 1960, which included the new program of medical assistance for the aged (MAA) 1/. Federal funds are now available, when State matching funds are provided, for medical care to older persons who are not receiving old-age assistance and whose resources are insufficient to meet the cost of needed medical care. So far, most of the expenditures under MAA have been for recipients in nursing homes or, in some instances, in hospitals, who were either transferred from other assistance categories or were eligible for them, on the basis of income, at the time of admission to MAA. However, MAA provisions can include the needs of many aged ill persons not heretofore eligible for public assistance. As additional State funds are provided, the number helped and the adequacy of help will improve.

Cost of Drugs

The study in process will include an analysis of the factors contributing to the increasing cost of drugs. For the purposes of this brief progress report two aspects of drug costs will be presented, (a) the differential between prescription and over-the-counter drugs and (b) the generic-trade name differential.

As classified in the U.S. Census of Manufactures, "ethical" drugs are those primarily advertised or promoted among, or prescribed by, the medical profession; "proprietary" drugs are primarily advertised or promoted among the general public. For simplicity and clarity this report will refer to "ethical" drugs as "prescription" drugs and "proprietary" drugs as "over-the-counter" drugs.

Table 1. Domestic shipments of pharmaceuticals for human use

Year	Total resident population (thousands)	Per capita in 1962 dollars		
		Ethical & druggists preparation (prescription)	Proprietary (over-the-counter)	Total
1921------	108,541	$1.70	$1.89	$3.59
1923------	111,950	1.91	2.07	3.98
1925------	115,832	1.69	2.06	3.75
1927------	119,038	2.17	2.27	4.44
1929------	121,770	2.62	2.46	5.08
1931------	124,040	2.95	2.31	5.26
1933------	125,579	2.24	2.42	4.66
1935------	127,250	2.17	2.45	4.62
1937------	128,825	2.09	3.04	5.13
1939------	130,880	2.88	3.06	5.94
1947------	144,083	4.48	2.61	7.09
1954------	161,884	7.28	2.47	9.75
1958------	174,149	1/	1/	12.93
1962------	185,822	9.89	3.82	13.71

1/ Data for 1958 not classified by ethical and proprietary.
Source: Census of Manufactures, for the years listed.

"Prescription" and "over-the-counter" drug costs. For the past 60 years the U.S. Bureau of the Census has been conducting a periodic Census of Manufactures, including data relating to the value of shipments of pharmaceutical preparations by manufacturers of drugs. The most recent such tabulation was for the calendar year 1962 2/.

The wholesale money value of drugs as shipped from the factory for human use, except biologicals, has been calculated from Census of Manufactures data separately for prescription and over-the-counter preparations for every second year from 1921 to 1939

1/ "Medical Care for the Aged under MAA and OAA, 1960-63" by Helen E. Martz, Welfare in Review, February 1964.

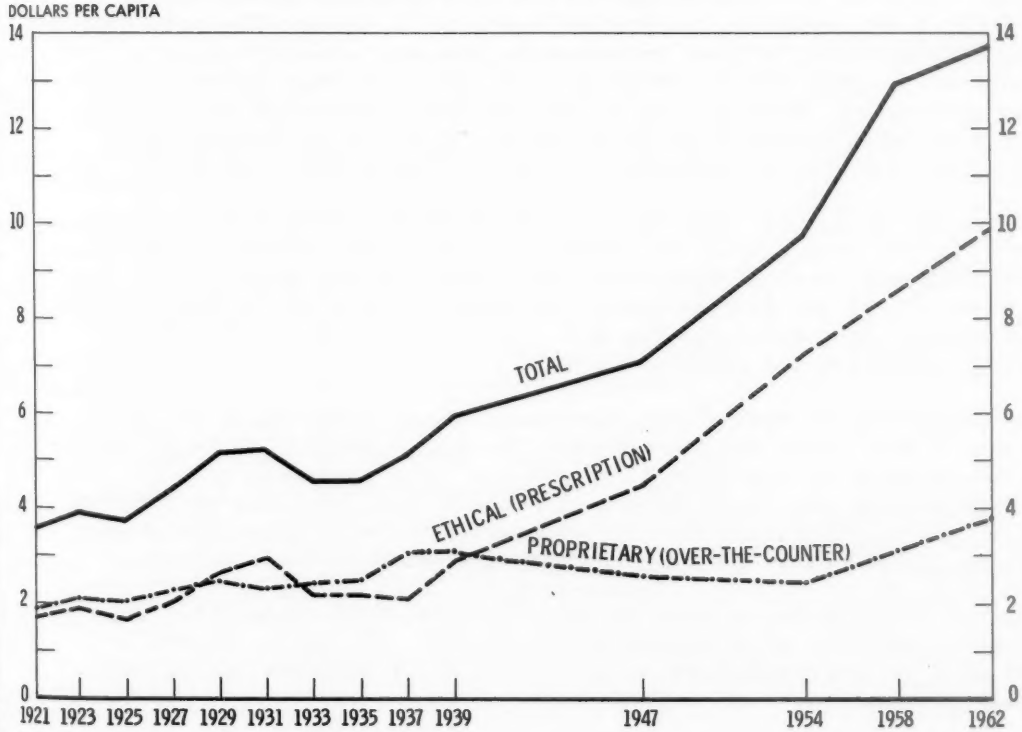
2/ Current Industrial Reports: Shipments of pharmaceutical preparations, except biologicals, 1962. Bureau of the Census.

and for 1947, 1958, and 1962. The percentage of prescription values to total values varied between 45 and 56 percent during the years 1921 to 1935. It fell to 41 percent in 1937, then rose to 75 percent in 1954 and 72 percent in 1962.

The total wholesale value for all drugs in 1962 was $2,547 million, or 50 times that of 1905, 20 times that of 1914, 10 times that of 1935, and 3 times that of 1947. Both the shrinking value of the dollar and the increase in the size of the population contributed substantially to the increase in the number of dollars required to pay for drugs during those years. So that we may obtain a clearer picture of the relative contribution to drug cost increase of the prescription and over-the-counter sectors of the industry, the values above recorded have been recalculated in terms of the purchasing power of the 1962 dollar, and expressed in terms of these constant dollars per capita of the total United States population.

It will be seen from table 1 and the chart that in these terms the increase in drug costs from 1921 to 1939 was moderate and shared almost equally between the prescription and the over-the-counter drugs, but that since 1939 the prescription costs have soared while the over-the-counter group has shown but a moderate increase.

Value of domestic shipments of pharmaceuticals for human use (except biologicals) per capita in constant 1962 dollars, classified by ethical (prescription) and proprietary (over-the-counter) use, United States, 1921-62



A major difference in merchandising between these two classes of drugs is that those sold over-the-counter are both selected and paid for by the consumer who may compare both the claims and the prices of competing brands of the needed drug. This type of competition, which is basic to our free economy, tends to control costs.

On the other hand, the prescription drug, while paid for by the patient, is selected by the prescribing doctor who does not pay for it. Price, therefore, is assumed to be less a factor in the selection from among competing prescription drugs than from those sold over-the-counter.

The generic and trade-name differential. The tremendous increase in cost of prescription drugs has followed the discovery of "wonder drugs" which have greatly benefited mankind by fighting infections, easing pain, correcting disabilities, curing illnesses, and prolonging life. There is wide recognition of the great extent to which humanity has benefited from the discovery of these new drugs. The central interest of many who question the price of drugs is a concern that unnecessarily high drug prices may be depriving many sick and disabled of their benefits.

The manufacture and sale of drugs for medicinal use is supervised under the Federal Food, Drug and Cosmetic Act by the Secretary of Health, Education, and Welfare who is now responsible for the establishment of an official name for each drug entity. This is called the generic name. If a patent has been granted to a manufacturer for a drug, no other person or company may manufacture or sell this drug except by contract with the patent holder for the life of the patent, which in the United States is 17 years. The patent holder may then set his price, without reference to the cost of manufacture or distribution. In this context drugs are marketed like other products in a business enterprise. However, the protection from competition in the case of new and useful patented drugs is an important factor in accounting for the high cost of drugs, as evidenced in recent Congressional hearings.

An unpatented generic drug may be prepared and sold by several or even by many different drug companies. Each such company may select a trade name, different from the generic name, under which that company promotes the sale of its product. If the preparation is approved for sale by the Food and Drug Administration, the company has the sole right to use its selected "trade" name and to advertise and promote its sale.

This promotion is directed to the medical profession, as it is the physician who must write the prescription for its purchase. It is to the volume and coverage of this promotion by a few large companies through massive advertising and large numbers of "detail" men, who make personal calls on the private practitioner, that the Congressional hearings on the study of administered prices in the drug industry gave much of their attention.

Table 2 illustrates the wide spread of prices of the same basic drug when prepared and sold by different manufacturers. The prices quoted for a single drug are representative of as many as 50 or 75 trade names, each for a different manufacturer or wholesaler.

Testimony at the above-mentioned Congressional hearings challenges justification for such a wide range of prices for different preparations of the same basic drug, all of which must have obtained approval under the regulations of the Federal Food, Drug and Cosmetic Act.

Purchasers of drugs in quantity can protect themselves by specifying moderately priced drugs in a formulary or by obtaining competitive bids, but the individual patient must take what his physician prescribes.

A second progress report will include comparable data from the 1962, 1958 and 1954 Censuses of Manufactures for 30 drug classifications in eight major groups, adjusted to the new 1962 Census product codes, and indicating the change in dollar volume for each classification and group. Other areas being considered in the study scope include the roles of the chief Federal and professional agencies and groups involved in the management and control of drug preparation and distribution, and the probable relationship of the new drugs to recently experienced reductions in disease incidence, in accelerated recovery from illness and accident, and in extension of productive years of life.

The study will also review measures proposed or in practice within the Welfare Administration for the control of drug costs and the more nearly adequate supply of drugs to needy people, particularly the aged.

Table 2. Comparative wholesale prices of selected commonly used drugs sold by competing manufacturers

Generic name	Quantity priced		Preparation promoted by trade name		Same preparation sold by generic name				
	Weight	Number	Name	Price	Representative prices				
Amphetamine sulphate	10 mg	1,000's	Benzedrine sulphate	$22.60	$1.25	$1.40	$1.50	$1.80	$1.95
Chloroquine phosphate	250 mg	100's	Aralen phosphate	6.70	2.50	2.65	3.20	3.20	4.20
Cortisone acetate	25 mg	100's	Cortogen	13.70	4.68	4.95	5.95	6.50	11.00
Isoniazid	100 mg	1,000's	I.N.H.	11.40	4.00	4.50	4.75	5.25	6.00
Mephenesin	½ gr	1,000's	Tolserol	27.00	5.25	5.90	6.00	8.00	9.40
Pentobarbital sodium	1.5 gr	500's	Nembutal sodium	9.18	3.25	3.40	4.40	5.70	8.25
Prednisolone	5 mg	100's	Meticortelone	17.90	1.50	1.85	1.95	2.16	2.50
Rauwolfia serpentina	100 mg	100's	Raudixin	5.00	.40	.45	.55	.60	1.25
Reserpine	¼ mg	100's	Serpasil	4.50	.35	.38	.40	.50	1.00
Secobarbital sodium	1.5 gr	500's	Seconal sodium	9.15	3.50	3.60	3.80	4.50	6.75

Sources: Proprietary Names of Official Drugs, compiled for, and published by the American Pharmaceutical Association, 2245 Constitution Avenue, N.W, Washington, D.C. 20007.
Prices from the Red Book, 1964, published by Drug Topics Magazine.

Book Note

FATHERLESS CHILDREN. By Margaret Wynn. Michael Joseph, Ltd., London, 1964. 212 pp.

This book about Great Britain's families deprived of a father by death, divorce, separation, or desertion before or after marriage points up the needs of all children growing up in fatherless families in today's industrial, urban society.

In addition to outlining the size of the problem of fatherless children in Great Britain--540,000 families with 785,000 dependent children, representing 8.6 percent of all families with dependent children and 7 percent of all dependent children--Margaret Wynn describes the inadequate resources available to meet the needs of such children, evaluates the serious lacks resulting therefrom, and makes specific suggestions for dealing with them. Many of her findings and recommendations will be of special interest to those concerned with similar problems in the United States.

For example, it is noted that in Great Britain the efforts of many mothers to better their children's lot by working are defeated by the regulations governing National Insurance and National Assistance. The social insurance of fatherless children is shown to be incomplete, omitting some children altogether and providing a range of benefits for different children that is difficult to justify in terms of the children's needs.

Many fatherless children whose mothers work are undersupervised. Many fatherless children, particularly those deserted by their fathers, are referred to as underprivileged in law and subject to legal distinctions which are sociologically arbitrary.

The child's need for more than a father's income is also recognized, and more study of these needs urged as significant questions, such as the following, are raised:

"Up to what age can a child safely be left without male influence and support? How can a child in a family without a father be taught how to be a good father in his turn?...Does society too readily assume that the mother of a family can be both mother and breadwinner? No such assumption is made about the father...fathers are never expected, and only a very few manage, to carry the double burden unaided by a woman....Since fatherless children face greater risks in many directions, even when they are not poor...could more be done to limit these risks? Do we know what social services are needed to make the best of these children's lives?"

New remedies suggested include: a fatherless child allowance, reconsideration of present statutory provisions for fatherless children, inclusion in housing schemes of suitable accomodations for fatherless families unable to compete in the open market for rented accomodations, better standards of child-minding, more community day care, encouragement of employment opportunities for mothers fitting in with school hours, more unified social services, and the intervention of a trained social worker to prevent family breakdown--a grave risk for the fatherless family. A familiar note is sounded in the plea for recruitment of an adequate number of trained workers.

The rich substantive content of this book is supported throughout by full documentation.--Helen E. Martz

Bureau of Family Services

Juvenile Court Cases in 1962

JUVENILE DELINQUENCY CASES (excluding traffic cases) handled by juvenile courts increased 10 percent in 1962 over the previous year. The total child population aged 10 through 17 increased only 3½ percent. The upward trend in delinquency cases noted every year beginning with 1949, except for 1961, thus continues (see chart). About 555,000 juvenile delinquency cases were handled by juvenile courts in 1962. The estimated number of different children involved in these cases was somewhat lower (478,000), since the same child may have been referred more than once during the year. These children represent 1.8 percent of all children aged 10 through 17 in the country.

It is difficult to determine exactly why the year 1962 showed so sizable an increase over the previous year. One possible explanation may be that the high birth rates in the late 1940's are now swelling the ranks of the 15- and 16-year-olds. These are the ages when children contribute most to the volume of juvenile delinquency.

Rural courts handled 16 percent more delinquency cases in 1962 than they did in 1961. Urban courts experienced a 10 percent increase. Thus, the pattern noted prior to 1960 of delinquency cases increasing faster in rural areas than elsewhere is again in evidence.

The percentage increases between 1961 and 1962 were the same for boys' as for girls' cases when data for all courts are combined. In rural courts, however, the increase in girls' cases (23 percent) was much greater than the increase in boys' cases (15 percent). The increase in girls' cases in rural courts was the highest noted for either boys' or girls' cases in any other type of court.

The largest increase in 1962 occurred in the unofficial cases handled by rural courts. (Unofficial cases are those not placed on the official court calendar through filing a petition or affidavit but adjusted by the judge, referee, probation officer, or other officer of the court.)

Sex ratio. Delinquency cases continue to be primarily a boys' problem; boys are referred to court more than four times as often as girls.

Manner of handling. Almost half of the delinquency cases were handled unofficially--without filing a petition. In the past the proportion of cases handled unofficially was higher in urban courts than in rural courts.

Based on "Juvenile Court Statistics--1962" (Children's Bureau Statistical Series No. 73. Copies available upon request.).

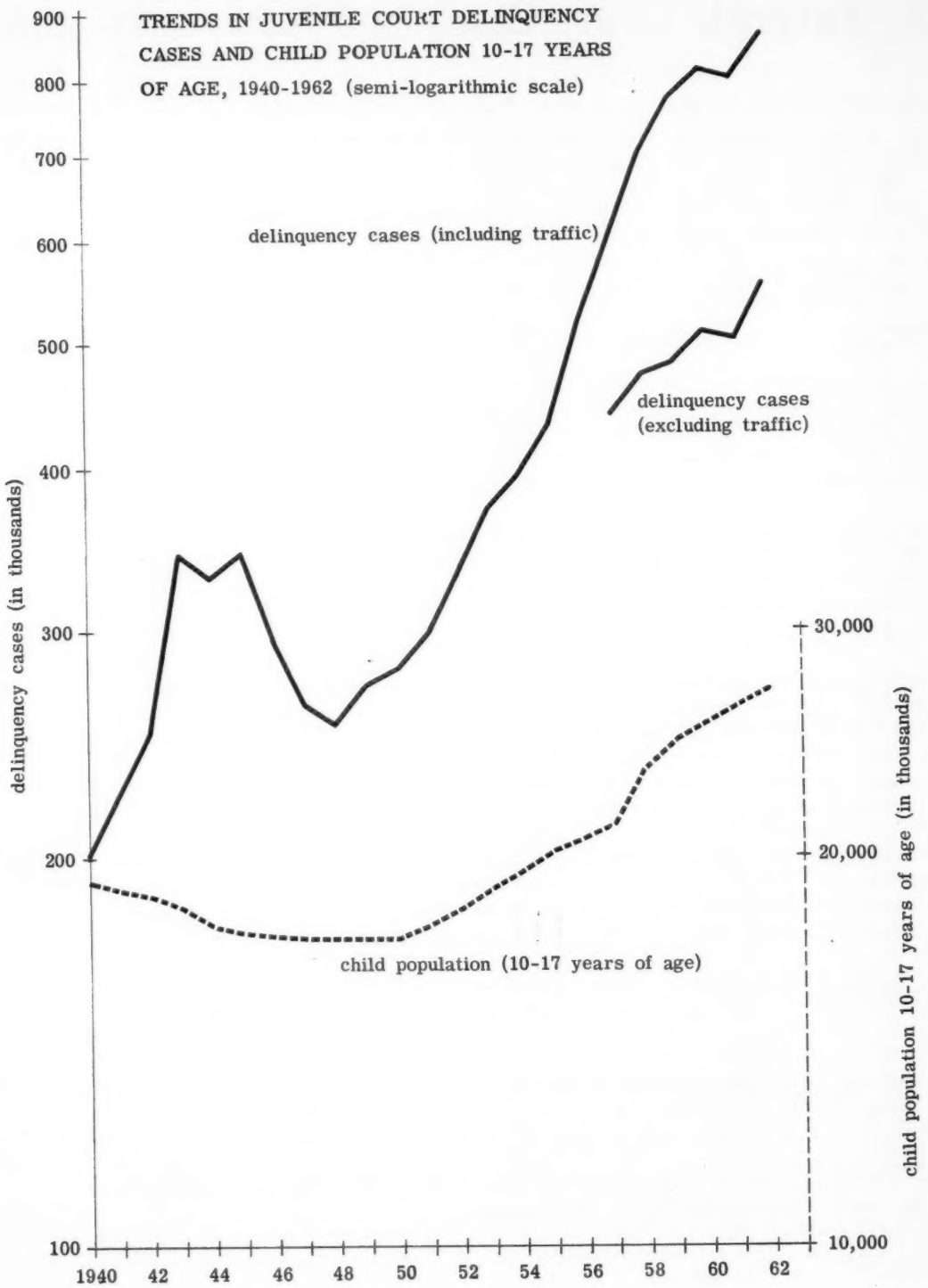

TRENDS IN JUVENILE COURT DELINQUENCY CASES AND CHILD POPULATION 10-17 YEARS OF AGE, 1940-1962 (semi-logarithmic scale)
delinquency cases (including traffic)
delinquency cases (excluding traffic)
child population (10-17 years of age)
delinquency cases (in thousands)
child population 10-17 years of age (in thousands)
900
800
700
600
500
400
300
200
100
30,000
20,000
10,000
1940
42
44
46
48
50
52
54
56
58
60
62

Table 1. Rate of delinquency cases (excluding traffic) disposed of by juvenile courts, United States, 1962

Type of court	Rate per 1,000 child population 1/			
	All courts	Age jurisdiction of court		
		Under 16	Under 17	Under 18 2/
Urban	29.4	22.0	29.4	31.7
Semi-urban	20.4	11.0	19.6	22.1
Rural	10.0	4.4	5.7	12.7

1/ These differential rates are calculated on the basis of the 1960 child population at risk; that is, from age 10 to the upper limit of the court's jurisdiction.

2/ A small number of courts having jurisdiction under 21 years of age are included here. The number of cases involved does not seriously affect the rates of the courts in this column.

The large increase in the number of delinquency cases handled unofficially in rural courts in 1962 has raised the proportion to about that of the urban courts.

Differential rates. The rate of delinquency cases (the number of cases per 1,000 child population aged 10 through 17) was about three times higher in predominantly urban areas than in predominantly rural areas. Courts in predominantly urban areas handle more than two-thirds of all the delinquency cases in the country (table 1).

Reason for referral. Based on reports from courts serving very large cities, more than half of the offenses committed by girls were for conduct which characterizes juvenile misbehavior but is not ordinarily considered a crime--runaway, truancy, curfew, ungovernable behavior, etc. (table 2). A fifth of the boys were involved in offenses of this nature. On the other hand, about half of the offenses for which boys were referred to large city courts were for offenses against property--larceny, auto theft, vandalism, robbery, and burglary; less than a fifth of the girls were involved in such cases.

Boys were referred to court primarily for the following offenses (listed in their order of frequency): larceny, burglary, and auto theft. Girls were most frequently referred for running away, being ungovernable, larceny, and sex offenses.

Disposition. More than one-third of the delinquency cases referred to courts serving large cities were dismissed with warning or adjustment (table 3). This high proportion of dismissals does not mean that the children were not involved in delinquent acts. (In about 7 percent of the cases in large cities, the complaints were not substantiated.) Rather,

Table 2. Reason for referral to court in delinquency cases disposed of by a selected group of juvenile courts, 1962 1/

(percentage distribution)

Offense	Total	Boys	Girls
Total	100.0	100.0	100.0
Offenses applicable to both juveniles and adults			
Murder and non-negligent manslaughter	0.1	0.1	2/
Manslaughter by negligence	2/	2/	2/
Forcible rape	0.1	0.2	---
Robbery	2.0	2.4	0.5
Assault: Aggravated	1.9	2.1	1.0
Other	3.4	3.7	2.1
Burglary--breaking or entering	11.7	14.0	2.3
Larceny--theft (except auto)			
Under $50	15.9	17.0	11.4
$50 or more	2.0	2.2	1.2
Auto theft: Unauthorized use	8.4	10.1	1.7
Other	0.7	0.8	0.2
Weapons--carrying, possessing, etc	1.0	1.1	0.3
Sex offenses (except forcible rape)	3.9	2.5	9.4
Drug laws: Narcotic	0.1	0.1	0.1
Other	0.2	0.2	0.3
Drunkenness	2.4	2.5	2.1
Driving while intoxicated	0.1	0.1	2/
Hit and run	0.3	0.3	0.2
Driving without a license	4.0	4.3	2.8
Disorderly conduct	4.4	4.8	3.0
Vandalism	4.1	4.9	1.1
Other	6.1	6.6	4.2
Offenses applicable to juveniles only			
Running away	10.0	6.2	25.3
Truancy	4.7	3.9	7.9
Curfew	2.4	2.4	2.2
Ungovernable	7.5	5.0	17.8
Other	2.6	2.5	2.9

1/ Data are from monthly reports from 22 of the 30 courts serving the largest cities in the United States. Traffic offenses are excluded except for the more serious types.

2/ Less than 0.05 percent.

Table 3. Disposition of delinquency cases disposed of by a selected group of juvenile courts, 1962 1/

(percentage distribution)

Type of disposition	Total	With petition	Without petition
Total	100	100	100
Dismissed--not involved or complaint not substantiated	7	8	6
Dismissed--warned or adjusted	37	13	55
Probation	22	49	--
Informal supervision	10	--	19
Commitment	8	18	--
Other	16	12	20

1/ Data are from monthly reports from 22 of the 30 courts serving the largest cities in the United States. Traffic offenses are excluded except for driving while intoxicated, hit and run and driving without a license.

the stability of the child's family and his potential for receiving proper parental supervision seemed to warrant that type of disposition.

There appears to be no significant difference in the disposition of boys' and girls' cases even though the reasons for referral to court for boys are significantly different from those of girls. However, the types of dispositions vary significantly when the cases are handled "with petition" or "without petition." This is to be expected since certain actions taken by the court that curtail or deny the freedom of the child or the rights of the parents to the child's care, custody, and control usually are handled in an official manner with full hearing.

Thus, in almost half of the delinquency cases handled "with petition," the child is placed on probation; in almost one-fifth of the cases, the child is committed to care and custody of an agency or institution. More than half of the cases handled "without petition" are adjusted, indicating perhaps that in most such cases the offense is relatively minor or the child has had no serious delinquency pattern previously.

Traffic cases. In addition to the 555,000 juvenile delinquency cases, about 312,000 traffic cases were disposed of by juvenile courts in the country in 1962. These cases involve roughly 269,000 different children or 1 percent of the child population. These traffic cases do not represent all traffic cases of juveniles since many juvenile courts do not have jurisdiction in such cases. They represent only those coming to the attention of juvenile courts.

Traffic cases handled by juvenile courts, like delinquency cases, showed an increase in 1962 over 1961. However, the increase (5 percent)

was only half that of the increase in delinquency cases (excluding traffic). The rural courts continue to experience the greatest increases in traffic cases.(Table 4).

Relation of traffic cases to other cases. In former years traffic cases, in those courts that had jurisdiction in such cases, were included with other types of juvenile delinquency cases and could not be separately identified. Since 1957, courts have been requested to report data on traffic cases separately. The reasons for doing this are as follows:

First, most traffic offenses can hardly be considered in the same category as other types of delinquency. Most do not involve the type of behavior or circumstances that require the study and specialized handling necessary in other forms of misconduct. This is recognized by the Standard Family and Juvenile Court Acts which permit special handling of juvenile traffic cases in a summary manner, without social investigation. It is generally believed therefore (and recommended by the National Council of Juvenile Court Judges) that traffic offenses should be analyzed separately from other types of delinquency. This was not very important 5 to 10 years ago when traffic cases comprised a small proportion of all juvenile delinquency cases. In recent years, however, greater use of the auto by juveniles has accounted for increasingly more juvenile traffic cases.

Second, in at least one State, recent legislation prohibits the classification of traffic offenses under the heading of "juvenile delinquency," unless specifically adjudicated as such.

Third, some courts have jurisdiction in traffic cases and others do not. This disturbs the comparability of reporting. By reporting traffic cases separately, the data on delinquency cases (excluding traffic cases) become more precise. Also any changes in the methods of handling traffic cases (i.e., the increasing trend toward handling juvenile traffic cases in traffic courts) will only affect the series of data on traffic cases and not the other series on delinquency cases excluding traffic. Since traffic cases have been included with other delinquency cases previously, the question may appropriately be raised as to whether the high rise in delinquency noted in the past decade may reflect merely the increased number of traffic offenses. This cannot be proved or disproved nationally since the data are not available. Nevertheless, the following observations are relevant:

Examination of some State reports (California, Ohio, Missouri, Florida) that maintain separate data on traffic cases reveals that traffic offenses have increased tremendously in recent years. In the courts in some of these States, traffic cases comprise half or more of all types of delinquency cases. There is no question but that in such courts, where the proportion of traffic cases is so high, the rapid increase in traffic cases would seriously bias the overall delinquency picture for these specific States. For the United States as a whole, however, it is believed that the inclusion of traffic cases with other types of delinquency has not seriously affected the overall picture. For a discussion

of the reasons for this belief, see "Juvenile Court Statistics, 1961," Statistical Series No. 69.

Dependency and neglect. Most juvenile courts by statute have jurisdiction over court actions involving dependent and neglected children as well as delinquent children. Dependency and neglect cases in the United States totaled 141,500 in 1962. Such cases increased by only 1 percent between 1961 and 1962. Thus, the upward trend which began in 1951 and occurred in each subsequent year except 1956, continues.

Table 4. Percent change in traffic cases disposed of by juvenile courts, United States, 1961-1962

Type of court	Total	Official	Unofficial
Total.....	+5	+15	+2
Urban.....	+2	+14	1/
Semi-urban.....	+2	-4	+4
Rural.....	+48	+37	+96

1/ Decrease of less than 0.5 percent.

Sources of Data

Data on the number of juvenile delinquency cases are based on reports from a national sample of juvenile courts, supplemented by data for Alaska and Hawaii. Data on reasons for referral to court and on disposition of cases were summarized from a special monthly report on delinquency cases disposed of by juvenile courts serving the 30 largest cities in the country; 22 of the 30 cities provided usable reports, and these reports form the basis for the analysis on reasons for referral to court and on disposition of cases. Data on dependency and neglect cases are based on all the courts reporting on such cases to the Children's Bureau. The national sample was not used here since data on these cases were not available for a sizable number of courts in the national sample. In 1962, 1,689 courts reported on dependency and neglect cases. For further details on sources of data and definitions of terms, see the complete report, "Juvenile Court Statistics--1962."

Program and Operating Statistics

Public Assistance in January 1964

In January the total number of persons aided under the six public assistance programs rose by 165,000 to 7.9 million, largely because of seasonal increases in the number of recipients of aid to families with dependent children (81,300 or 2.0 percent) and general assistance (77,100 or 8.9 percent). Nearly half (49.1 percent) of the total increase in aid to families with dependent children was attributable to a rise in the number of persons aided under the unemployed-parent segment. Payments under medical assistance for the aged were made in behalf of 156,800 persons--6,600 more than in December. Changes in the number of recipients of old-age assistance, aid to the blind, and aid to the permanently and totally disabled were slight, with decreases continuing to occur in old-age assistance and aid to the blind.

Total payments for the six programs, including vendor payments for medical care, amounted to $407.2 million in January--an increase of $4.6 million from the total in December. Of the total increase, aid to families with dependent children accounted for $2.3 million and medical assistance for the aged for $0.7 million. In the State and/or locally financed programs of general assistance, total payments (excluding vendor payments for medical care) rose $1.6 million.

The average money payments per recipient under the programs changed by only small amounts in the Nation as a whole and in most States. In Montana, as a result of higher cost standards, the average money payment rose $2-$4 in old-age assistance, aid to the blind, and aid to the permanently and totally disabled. Massachusetts, Utah, Vermont, and Wyoming initiated liberalizations in one or more programs in January; for each of these States, however, the change, in general had little or no immediate effect on the average money payments.

Tables:

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OASDI benefits, summary data, January 1964	41

Table 1. Number of recipients of public assistance in the United States, by month, January 1963-January 1964 1/

Table 1. Number of recipients of public assistance in the United States, by month, January 1963-January 1964 1/

[Except for general assistance, includes cases receiving only vendor payments for medical care]

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			General assistance 4/	
					Families	Total recipients 3/	Children	Cases	Recipients
	Number of recipients								
1963									
January	2,221,335	116,587	99,502	439,329	959,163	3,911,132	2,926,501	385,000	1,006,000
February	2,217,371	116,682	99,128	442,174	967,180	3,960,075	2,962,524	390,000	1,038,000
March	2,214,339	117,508	98,837	445,780	975,483	3,992,779	2,985,727	388,000	1,020,000
April	2,211,016	127,412	98,588	448,448	977,739	4,004,001	2,995,563	370,000	940,000
May	2,202,570	129,493	98,471	459,229	972,498	3,976,422	2,978,752	350,000	856,000
June	2,198,962	136,220	98,404	461,537	962,566	3,934,391	2,951,882	330,000	778,000
July	2,191,307	140,159	98,096	466,524	957,629	3,910,589	2,932,495	325,000	769,000
August	2,194,275	148,473	98,140	470,174	954,957	3,912,137	2,933,228	326,000	767,000
September	2,191,593	144,021	97,954	472,162	951,818	3,902,605	2,930,806	322,000	754,000
October	2,196,429	157,707	98,178	475,493	957,024	3,920,794	2,945,425	326,000	766,000
November	2,194,387	152,919	97,843	477,472	958,325	3,933,339	2,954,844	322,000	765,000
December	2,193,564	150,162	97,794	479,315	969,084	3,988,961	2,993,326	353,000	870,000
1964									
January	2,190,004	156,769	97,709	482,439	985,781	4,070,299	3,049,876	374,000	947,000
	Percentage change from previous month								
1963									
January	-0.2	+6.2	-0.1	+0.4	+1.7	+2.2	+1.9	+8.7	+12.2
February	-.2	+.1	-.4	+.6	+.8	+1.3	+1.2	+1.3	+3.1
March	-.1	+.7	-.3	+.8	+.9	+.8	+.8	-.6	-1.7
April	-.2	+8.4	-.3	+.6	+.2	+.3	+.3	-4.4	-7.9
May	-.4	+1.6	-.1	+2.4	-.5	-.7	-.6	-5.6	-8.9
June	-.2	+5.2	-.1	+.5	-1.0	-1.1	-.9	-5.7	-9.2
July	-.3	+2.9	-.3	+1.1	-.5	-.6	-.7	-1.5	-1.1
August	+.1	+5.9	(5/)	+.8	-.3	(5/)	(5/)	+.3	-.3
September	-.1	-3.0	-.2	+.4	-.3	-.2	-.1	-1.2	-1.7
October	+.2	+9.5	+.2	+.7	+.5	+.5	+.5	+1.5	+1.5
November	-.1	-3.0	-.3	+.4	+.1	+.3	+.3	-1.1	+.3
December	(6/)	-1.8	-.1	+.4	+1.1	+1.4	+1.3	+9.6	+13.7
1964									
January	-.2	+4.4	-.1	+.7	+1.7	+2.0	+1.9	+6.0	+8.9

1/ All data subject to revision. 2/ Represents data for recipients of the specified type of assistance both under separate and combined State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance. 4/ Partly estimated. Excludes Idaho and Indiana for all months and Nebraska beginning November 1963; data not available. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

Table 2. Amount of public assistance payments in the United States, by month, January 1963-January 1964 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	General assistance 4/
	Amount of assistance						
1963							
January	$391,259,000	$168,828,792	$25,036,154	$7,970,875	$32,589,133	$121,309,540	$26,403,000
February	389,911,000	168,448,837	22,696,442	7,971,860	32,893,149	122,423,346	26,203,000
March	396,482,000	169,787,562	23,824,718	8,045,621	33,436,893	125,231,254	26,377,000
April	399,177,000	170,660,914	26,441,100	8,044,895	34,071,522	125,534,737	25,264,000
May	399,392,000	171,464,001	28,870,692	8,049,211	34,529,977	124,204,346	23,215,000
June	390,918,000	169,395,345	26,592,866	8,040,888	34,522,707	121,770,120	21,298,000
July	390,482,000	168,081,430	28,426,914	8,043,679	35,105,811	120,616,307	21,397,000
August	391,217,000	167,109,786	29,642,387	8,009,157	35,424,031	121,184,131	21,350,000
September	391,487,000	168,441,224	28,202,295	7,972,555	35,667,016	121,842,043	21,112,000
October	399,662,000	169,526,665	31,851,824	8,109,060	36,287,194	123,437,104	21,728,000
November	393,541,000	168,016,864	28,966,274	7,990,500	35,943,882	122,804,815	21,241,000
December	402,553,000	168,979,916	30,212,901	8,021,730	36,301,352	126,649,272	23,996,000
1964							
January	407,182,000	168,975,680	30,929,987	8,013,481	36,599,609	128,918,392	25,585,000
	Percentage change from previous month						
1963							
January	+2.4	+0.5	+11.2	-0.3	+1.4	+2.2	+11.6
February	-.3	-.2	-9.3	(5/)	+.9	+.9	-.8
March	+1.7	+.8	+5.0	+.9	+1.7	+2.3	+.7
April	+.7	+.5	+11.0	(6/)	+1.9	+.2	-4.2
May	+.1	+.5	+9.2	+.1	+1.3	-1.1	-8.1
June	-2.1	-1.2	-7.9	-.1	(6/)	-2.0	-8.3
July	-.1	-.8	+6.9	(5/)	+1.7	-.9	+.5
August	+.2	-.6	+4.3	-.4	+.9	+.5	-.2
September	+.1	+.8	-4.9	-.5	+.7	+.5	-1.1
October	+2.1	+.6	+12.9	+1.7	+1.7	+1.3	+2.9
November	-1.5	-.9	-9.1	-1.5	-.9	-.5	-2.2
December	+2.3	+.6	+4.3	+.4	+1.0	+3.1	+13.0
1964							
January	+1.1	(6/)	+2.4	-.1	+.8	+1.8	+6.6

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance both under separate and combined State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Partly estimated. Excludes Idaho and Indiana for all months and Nebraska beginning November 1963; data not available. 5/ Increase of less than 0.05 percent. 6/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, January 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	December 1963 in--		January 1963 in--	
				Number	Amount	Number	Amount
Total 2/	2,190,004	$168,975,680	$77.16	-0.2	(3/)	-1.4	+0.1
Ala.	108,580	7,526,857	69.32	+.1	+3.4	+4.2	+4.2
Alaska 4/	1,386	5/ 108,810	78.51	+.1	-12.4	-.6	+.7
Ariz.	13,457	839,212	62.36	+.1	-.1	-.6	+1.3
Ark.	57,552	3,537,389	61.46	-.2	+1.1	+2.9	-1.6
Calif.	269,304	28,856,841	107.15	+.8	+1.2	+2.6	+3.1
Colo. 2/	48,750	4,824,573	98.97	-1.1	-.8	-.9	-4.8
Conn.	8,095	646,530	79.87	-1.3	-2.1	-11.7	-7.2
Del.	1,196	83,952	70.19	+.9	+20.5	+7.8	+36.8
D. C.	2,464	225,774	91.63	-.1	+38.4	-12.5	-10.6
Fla. 4/	71,156	4,585,458	64.44	+.1	+1.7	+1.3	+5.0
Ga.	92,130	5,079,834	55.14	-.2	-1.5	-.6	+4.9
Guam 6/	163	4,611	---	---	---	---	---
Hawaii 4/	1,131	77,982	68.95	-1.0	+1.4	-4.7	+3.9
Idaho	4,910	357,462	72.80	-.8	+2.1	-11.1	-11.7
Ill. 4/	60,257	5,058,929	83.96	-.8	-.9	-5.9	-4.0
Ind.	23,367	1,810,620	77.49	-.3	-.5	-4.8	+3.7
Iowa	29,374	2,629,359	89.51	-.6	-2.2	-4.8	-5.6
Kans.	23,970	2,244,334	93.63	-.5	+1.0	-4.6	+1.3
Ky. 4/	55,449	3,161,541	57.02	-.3	-1.2	+3.2	+5.5
La.	129,616	10,700,600	82.56	-.1	-.7	+2.1	+1.3
Maine	11,217	939,214	83.73	-.3	-.3	-.1	+8.1
Md.	9,460	681,324	72.02	(7/)	(3/)	+.1	+1.1
Mass.	55,347	4,938,875	89.23	-.4	-1.5	-5.0	+.5
Mich.	50,358	4,186,123	83.13	-.1	+2.5	-2.5	+3.2
Minn.	43,197	4,707,309	108.97	-.1	-3.2	-1.5	+3.7
Miss.	75,126	2,938,675	39.12	-.6	+.6	-3.2	+8.3
Mo.	104,555	6,990,817	66.86	-.4	-.5	-2.6	-1.1
Mont.	5,680	408,646	71.94	(7/)	+5.0	-4.7	-.7
Nebr.	12,709	1,014,062	79.79	+.2	-3.0	-3.1	-2.8
Nev.	2,552	226,555	88.78	-.5	-.1	+.5	+1.2
N. H.	4,548	465,055	102.25	+.2	+2.3	-2.0	+1.2
N. J.	14,096	1,126,373	79.91	+.1	-.5	-24.2	-35.9
N. Mex. 4/	10,783	806,893	74.83	-.6	-.8	-.1	-7.5
N. Y.	56,379	5,094,048	90.35	-.1	(3/)	-.9	+4.0
N. C.	43,854	2,561,580	58.41	-.7	-1.1	-2.6	+5.2
N. Dak.	5,536	476,625	86.10	-.4	+.4	-5.9	-4.6
Ohio	85,207	7,276,692	85.40	+.1	+.8	-1.7	-.2
Okla. 4/	83,709	7,865,912	93.97	-.2	-.4	-.7	+.9
Oreg.	11,568	791,208	68.40	-2.7	-1.5	-24.3	-39.1
Pa.	47,249	3,456,871	73.16	+.1	-1.4	-3.0	-5.6
P. R.	33,055	306,191	9.26	-.4	+3.3	-6.0	-5.5
R. I. 4/	6,000	506,381	84.40	-.5	-.4	-2.2	-.8
S. C.	26,714	1,409,585	52.77	-.3	+5.7	-4.4	+3.5
S. Dak.	7,439	612,434	82.33	-.9	-.7	-6.6	-4.6
Tenn.	46,563	2,447,186	52.56	-.9	-3.6	-6.0	+5.0
Tex.	228,354	16,026,775	70.18	-.2	+.2	+2.3	+3.6
Utah	5,234	385,817	73.71	+.2	+16.8	-8.1	-.3
Vt.	5,537	463,347	83.68	+.8	+.9	-.2	+1.8
V. I.	475	17,630	37.12	-.2	-.7	-8.3	-5.9
Va.	13,490	826,852	61.29	-.5	(3/)	-3.1	+3.8
Wash.	34,480	2,731,431	79.22	-.3	-4.1	-19.7	-33.1
W. Va.	15,080	739,421	49.03	-.8	+3.5	-7.3	-2.7
Wis.	29,565	2,973,083	100.56	-.9	-6.5	-4.7	+2.6
Wyo.	2,581	216,022	83.70	0	+.6	-4.4	-2.8

1/ All data subject to revision. 2/ Includes 3,784 recipients aged 60-64 in Colorado and payments of $329,556 to these recipients. Such payments were made without Federal participation. 3/ Decrease of less than 0.05 percent. 4/ Represents aid to the aged under combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 5/ In addition, supplemental payments of $29,860 from general assistance funds were made to 46 recipients. 6/ Estimated. 7/ Increase of less than 0.05 percent.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, January 1964 1/

State	Number of recipients 2/	Payments for recipients		Percentage change from December 1963	
		Total amount	Average	Number	Amount
Total.....	156,769	$30,929,987	$197.30	+4.4	+2.4
Ala.....	302	90,000	298.01	+39.8	+39.6
Ark.....	2,204	131,527	59.68	+.3	+16.1
Calif.....	24,235	6,569,631	271.08	+15.9	+14.6
Conn.....	5,383	3/ 1,142,698	212.28	+5.4	+8.0
D. C.....	552	121,659	220.40	-1.6	-37.1
Fla. 4/.....	323	122,180	378.27	+10.2	+11.5
Guam 5/.....	106	1,730	---	---	---
Hawaii 4/.....	582	144,997	249.14	+55.6	+37.5
Idaho.....	1,833	230,928	125.98	+4.6	-.6
Ill. 4/.....	804	309,007	384.34	+45.1	+27.1
Iowa.....	25	3,566	(6/)	---	---
Kans.....	17	3/ 1,462	(6/)	---	---
Ky. 4/.....	3,556	103,599	29.13	-24.3	+2.4
La.....	397	59,295	149.36	-5.5	-13.0
Maine.....	495	130,012	262.65	+12.0	+16.5
Md.....	8,852	314,446	35.52	+5.7	-8.0
Mass.....	24,610	3/ 4,135,573	168.04	-.7	+1.7
Mich.....	4,766	1,728,615	362.70	-6.9	+2.1
N. H.....	1,064	105,477	99.13	+36.4	+142.0
N. J.....	4,672	3/ 919,648	196.84	-3.6	-10.3
N. Y.....	32,019	3/ 9,571,089	298.92	+.5	-5.6
N. Dak.....	7/ 1,043	3/ 206,211	197.71	+3.7	-3.2
Okla. 4/.....	864	129,578	149.97	+1.4	+2.2
Oreg.....	3,418	492,820	144.18	-2.4	+1.3
Pa.....	7,277	1,698,333	233.38	-3.4	-3.4
P. R.....	2,494	70,174	28.14	+33.8	+35.4
S. C.....	1,154	197,907	171.50	+78.6	+94.4
Tenn.....	3,318	172,933	52.12	-13.7	-26.4
Utah.....	1,972	253,199	128.40	+7.3	+3.8
Vt.....	95	31,225	328.68	(6/)	(6/)
V. I.....	115	5/ 2,742	---	---	---
Wash.....	9,403	1,416,107	150.60	-3.7	+1.4
W. Va.....	8,808	314,975	35.76	+53.2	+150.2
Wyo.....	11	6,644	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $811 in Connecticut, $10 in Kansas, $98,032 in Massachusetts, $9,267 in New Jersey, $49,883 in New York, and $2,273 in North Dakota. 4/ Represents medical assistance for the aged under combined program for aid to the aged, blind, or disabled and medical assistance for the aged. 5/ Estimated. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Includes an unknown number of cases receiving only money payments.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, January 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	December 1963 in--		January 1963 in--	
				Number	Amount	Number	Amount
Total 2/.....	97,709	$8,013,481	$82.01	-0.1	-0.1	-1.8	+0.5
Ala.....	1,728	91,246	52.80	+.6	+4.0	+3.8	+13.8
Alaska 3/.....	105	8,118	77.31	-.9	-.5	+1.9	+1.8
Ariz.....	832	60,267	72.44	-.6	-.6	-6.7	-7.1
Ark.....	1,975	132,929	67.31	-.4	+.2	-.3	+.5
Calif. 2/.....	12,189	1,566,798	128.54	+.5	+1.2	-3.5	-1.2
Colo.....	255	21,856	85.71	-1.5	-.2	-.8	+3.3
Conn.....	314	35,397	112.73	+1.6	+5.3	+5.4	+8.2
Del.....	298	23,579	79.12	+2.1	+2.3	+6.0	+7.8
D. C.....	192	13,953	72.67	-.5	-1.9	-.5	-.2
Fla. 3/.....	2,562	169,272	66.07	-.3	+.8	+1.2	+4.3
Ga.....	3,146	182,497	58.01	(4/)	-2.1	+1.6	+5.9
Guam 5/.....	6	132	---	---	---	---	---
Hawaii 3/.....	80	7,837	97.96	(6/)	(6/)	(6/)	(6/)
Idaho.....	129	9,085	70.43	+3.2	+.4	-1.5	-2.9
Ill. 3/.....	2,667	231,484	86.80	-1.0	-1.0	-6.7	-10.6
Ind.....	1,791	138,970	77.59	-.9	-11.3	-2.5	-7.9
Iowa.....	1,233	123,777	100.39	-.5	-1.8	-6.7	-7.6
Kans.....	517	45,516	88.04	-1.1	-9.3	-5.7	-1.3
Ky. 3/.....	2,403	162,446	67.60	+.1	+1.1	+1.4	+4.2
La.....	2,827	229,245	81.09	+.2	+.1	+1.8	+2.1
Maine.....	373	31,304	83.92	-2.4	-2.0	-8.8	-1.1
Md.....	405	31,616	78.06	+.2	+.6	-4.3	+6.8
Mass.....	2,289	301,859	131.87	+.8	-.3	+1.6	-.1
Mich.....	1,692	140,497	83.04	+.2	+1.8	+.7	-6.0
Minn.....	1,066	115,115	107.99	+1.3	-2.2	+3.0	+3.2
Miss.....	3,025	130,520	43.15	-.5	-.4	-8.0	+5.1
Mo. 2/.....	4,605	345,808	75.09	-.5	-.3	-3.2	+11.8
Mont.....	260	21,562	82.93	+.4	+6.4	-10.0	-6.0
Nebr.....	670	64,076	95.64	+1.1	-1.8	-3.5	-2.7
Nev.....	168	20,102	119.65	+1.8	+.5	+1.8	+5.6
N. H.....	273	28,007	102.59	+1.9	(7/)	+5.4	+6.1
N. J.....	941	78,426	83.34	0	(7/)	-.6	-4.0
N. Mex. 3/.....	347	30,819	88.82	+1.5	+.9	-.9	+18.9
N. Y.....	3,199	347,728	108.70	+.5	-1.7	-4.4	+2.1
N. C.....	5,115	339,527	66.38	+.5	+5.6	+1.3	+13.5
N. Dak.....	79	6,714	84.99	(6/)	(6/)	(6/)	(6/)
Ohio.....	3,416	278,597	81.56	(4/)	-1.8	-.8	-2.2
Okla. 3/.....	1,700	203,316	119.60	-.2	(7/)	-1.4	+2.8
Oreg.....	402	34,131	84.90	0	-3.0	+8.6	-3.2
Pa. 2/.....	17,930	1,324,857	73.89	-.4	-1.2	-.1	-.3
P. R.....	1,505	12,886	8.56	-2.9	(7/)	-8.3	-4.9
R. I. 3/.....	98	8,807	89.87	(6/)	(6/)	-9.3	-6.0
S. C.....	1,734	112,586	64.93	+1.0	+8.3	+1.9	+9.9
S. Dak.....	132	9,004	68.21	-2.9	-.7	-6.4	-4.5
Tenn.....	2,309	119,088	51.58	-.3	+.8	-6.0	+2.8
Tex.....	4,885	338,053	69.20	-.2	-.2	-4.8	-3.2
Utah.....	178	13,413	75.35	+.6	+9.3	0	+3.7
Vt.....	107	7,498	70.07	-3.6	+.8	-4.5	+1.2
V. I.....	15	507	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,154	78,430	67.96	-.2	+2.1	+.3	+7.3
Wash.....	669	60,569	90.54	-.7	-4.2	+1.1	-22.0
W. Va.....	847	40,638	47.98	-1.5	-1.3	-5.5	-3.4
Wis.....	817	78,630	96.24	-.8	-.7	-6.4	+2.3
Wyo.....	55	4,387	79.76	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $10,127 to an unknown number of recipients; Missouri, $1,283 to 678 recipients; and Pennsylvania, $915,404 to 12,628 recipients. 3/ Represents aid to the blind under combined program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Increase of less than 0.05 percent. 5/ Estimated. 6/ Average payments not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Decrease of less than 0.05 percent.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, January 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	December 1963 in--		January 1963 in--	
				Number	Amount	Number	Amount
Total 2/.....	482,439	$36,599,609	$75.86	+0.7	+0.8	+9.8	+12.3
Ala.....	14,026	646,160	46.07	+.3	+.4	+7.0	+8.1
Alaska 2/.....	111	8,822	79.48	(3/)	(3/)	(4/)	(4/)
Ariz.....	2,545	172,408	67.74	+2.7	+2.8	+102.1	+100.2
Ark.....	9,028	513,010	56.82	-.2	+1.4	+8.4	+5.0
Calif.....	41,980	4,534,769	108.02	+4.3	+5.3	+51.1	+52.4
Colo.....	5,948	435,468	73.21	(5/)	-.4	+2.4	+2.5
Conn.....	6,989	463,642	66.34	(5/)	-.1	+13.2	+37.1
Del.....	427	30,655	71.79	+1.2	+.9	-5.7	-5.6
D. C.....	3,014	232,852	77.26	+1.3	+1.6	+.5	-1.1
Fla. 2/.....	15,432	1,069,358	69.29	+.4	-.4	+10.4	+14.5
Ga.....	25,561	1,483,768	58.05	-.1	-2.9	+1.0	+4.9
Guam 6/.....	77	1,987	---	---	---	---	---
Hawaii 2/.....	1,070	121,228	113.30	+8.2	+16.6	+1.6	+12.5
Idaho.....	2,628	142,116	54.08	+1.8	+.6	+13.2	+6.2
Ill. 2/.....	27,751	2,589,355	93.31	-.3	-.2	-2.9	-8.5
Ind.....	820	91,670	111.79	+8.3	-5.2	(4/)	(4/)
Iowa.....	1,064	87,944	82.65	+.9	+.7	+22.7	+41.8
Kans.....	4,444	475,448	106.99	+.3	+1.2	+3.2	+17.7
Ky. 2/.....	9,405	652,728	69.40	-.1	-1.2	+3.9	+8.7
La.....	18,594	1,070,384	57.57	+.4	+.7	+3.3	+4.2
Maine.....	2,269	198,933	87.67	-1.4	-1.3	-2.8	+3.7
Md.....	7,012	541,731	77.26	+.3	+.6	+8.1	+19.4
Mass.....	11,159	1,570,249	140.72	+.1	+4.2	+6.3	+16.5
Mich.....	7,156	747,095	104.40	+1.2	+9.3	+12.2	+13.6
Minn.....	3,313	201,631	60.86	+1.7	+1.4	+11.6	+11.5
Miss.....	16,586	724,256	43.67	+.5	+.4	+18.3	+50.6
Mo.....	14,588	1,006,492	68.99	(5/)	-1.0	-1.7	-.1
Mont.....	1,250	98,809	79.05	-.2	+2.9	+.2	+3.5
Nebr.....	2,388	194,740	81.55	+1.0	-4.8	+12.9	+19.6
N. H.....	549	62,535	113.91	+1.1	+2.5	+7.2	+7.2
N. J.....	8,181	773,098	94.50	+.5	+.2	+5.2	+6.1
N. Mex. 2/.....	3,414	293,635	86.01	+.6	+.7	+11.1	+19.6
N. Y.....	34,974	4,317,471	123.45	-.1	+1.9	+1.9	+6.3
N. C.....	21,215	1,474,253	69.49	(5/)	+.3	-.5	+6.1
N. Dak.....	1,346	147,350	109.47	-1.0	-7.2	+9.0	+19.8
Ohio.....	18,054	1,312,295	72.69	-.1	-5.5	+7.1	-1.8
Okla. 2/.....	12,535	1,352,617	107.91	+1.0	+.6	+10.1	+13.4
Oreg.....	7,556	479,884	63.51	-2.6	-2.2	+55.6	+4.7
Pa.....	19,400	1,251,054	64.49	+4.0	-1.1	+1.0	+4.9
P. R.....	21,571	185,740	8.61	(5/)	+.4	-2.5	-2.5
R. I. 2/.....	2,715	245,979	90.60	+.3	-.4	+2.0	+6.9
S. C.....	8,405	459,804	54.71	+.3	+4.1	+1.8	+7.5
S. Dak.....	1,096	75,301	68.71	-1.0	-.6	-.6	+4.0
Tenn.....	12,430	619,659	49.85	(7/)	-2.6	+4.4	+8.9
Tex.....	8,908	511,593	57.43	+.5	+.4	+12.0	+11.3
Utah.....	4,620	339,183	73.42	+.7	+12.4	+1.4	+7.5
Vt.....	1,003	83,587	83.34	+2.2	+4.5	+9.0	+34.0
V. I.....	93	3,083	33.15	(3/)	(3/)	(3/)	(3/)
Va.....	6,618	438,934	66.32	+.1	+1.4	+2.1	+9.0
Wash.....	18,519	1,079,646	58.30	+.2	-5.7	+94.0	+19.6
W. Va.....	6,338	325,390	51.34	-.8	+3.4	-10.7	-2.4
Wis.....	5,643	609,048	107.93	-.1	-1.3	+10.4	+19.1
Wyo.....	621	50,762	81.74	+.8	+7.0	+4.0	+7.5

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Percentage change not computed on fewer than 100 recipients. 4/ Program not in operation in January 1963.
5/ Decrease of less than 0.05 percent. 6/ Estimated. 7/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, January 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		Dec. 1963 in--		Jan. 1963 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/ 4/..	985,781	4,070,299	3,049,876	$128,918,392	$130.78	$31.67	+2.0	+1.8	+4.1	+6.3
Ala. 4/.....	22,276	90,891	71,628	1,057,270	47.46	11.63	+.2	+.3	+.3	-.1
Alaska.....	1,292	4,567	3,457	158,692	122.83	34.75	+2.3	+3.6	+4.4	+5.3
Ariz. 4/.....	9,874	42,112	31,791	1,201,528	121.69	28.53	-.4	-.5	+7.3	+8.0
Ark.....	6,755	26,996	20,611	451,328	66.81	16.72	+2.1	+1.5	+4.3	-1.0
Calif. 4/.....	100,110	387,418	293,853	17,290,660	172.72	44.63	+3.2	+3.8	+13.2	+15.0
Colo.....	10,039	39,473	30,605	1,364,058	135.88	34.56	+1.0	+1.2	+6.1	-.2
Conn. 3/.....	13,892	56,096	40,285	2,555,565	183.96	45.56	+5.8	+3.9	+15.2	+18.4
Del. 3/.....	2,570	11,901	8,928	258,871	100.73	21.75	+9.3	+11.1	+9.9	+8.9
D. C.....	3,885	18,516	14,850	601,039	154.71	32.46	+.2	+.4	-7.4	-7.6
Fla.....	27,335	102,787	82,513	1,660,070	60.73	16.15	-.8	-.3	-.4	-2.8
Ga.....	16,012	60,447	47,136	1,401,686	87.54	23.19	+.2	+.2	-5.8	-6.0
Guam 5/.....	172	885	737	12,101	---	---	---	---	---	---
Hawaii 3/.....	3,291	14,095	10,463	476,700	144.85	33.82	+1.3	+.5	-.1	-1.1
Idaho.....	2,613	10,212	7,434	404,963	154.98	39.66	+1.7	+2.2	+4.3	+1.4
Ill. 3/ 4/.....	55,573	260,829	199,274	10,920,932	196.52	41.87	+1.3	+2.8	-2.8	-7.3
Ind. 4/.....	11,762	47,039	34,980	1,330,721	113.14	28.29	+.4	+.1	-1.8	+1.3
Iowa.....	10,213	40,887	29,745	1,291,401	126.45	31.58	-2.4	-2.6	-1.6	-15.9
Kans. 3/ 4/....	7,796	32,502	24,970	1,221,658	156.70	37.59	+3.0	+2.8	+19.6	+23.0
Ky.....	19,655	74,927	53,849	1,806,733	91.92	24.11	-.5	-.8	-7.0	-6.1
La. 4/.....	23,183	100,853	76,249	2,323,256	100.21	23.04	+1.6	+1.9	+5.2	+3.6
Maine.....	5,543	19,983	14,847	584,745	105.49	29.26	-1.4	-1.5	-9.1	-9.4
Md. 3/ 4/.....	15,831	69,173	53,062	2,235,932	141.24	32.32	+4.7	+4.3	+14.0	+17.0
Mass. 3/.....	22,496	83,757	62,800	4,037,579	179.48	48.21	+3.0	+1.6	+18.5	+21.8
Mich. 4/.....	33,669	126,034	92,742	4,615,064	137.07	36.62	+.6	+.2	+1.1	+.9
Minn. 4/.....	12,332	44,844	35,131	2,161,127	175.25	48.19	+1.5	-4.1	+9.1	+11.4
Miss.....	20,463	80,920	64,251	773,001	37.78	9.55	-.1	-.3	+1.5	+7.3
Mo. 4/.....	25,896	105,620	79,545	2,517,362	97.21	23.83	+.4	+.5	+1.3	-.9
Mont.....	1,773	7,002	5,384	241,574	136.25	34.50	+.1	+.9	+.4	+2.0
Nebr.....	3,494	14,380	11,075	429,982	123.06	29.90	+1.0	+2.1	+9.2	+10.7
Nev.....	1,221	4,788	3,805	152,121	124.59	31.77	-3.7	-3.5	+.1	+8.1
N. H.....	1,034	4,289	3,206	186,826	180.68	43.56	+2.1	+5.0	+5.1	+12.2
N. J.....	24,091	94,539	71,487	4,545,413	188.68	48.08	+1.1	+1.7	+13.0	+14.8
N. Mex. 4/.....	7,473	30,386	22,999	956,174	127.95	31.47	-1.1	-8.4	+2.1	-.4
N. Y. 3/.....	110,432	482,931	352,336	21,364,330	193.46	44.24	+4.5	+3.9	+14.4	+19.9
N. C. 4/.....	27,485	114,172	85,130	2,715,131	98.79	23.78	+.3	+.6	-1.9	+4.3
N. Dak.....	1,711	6,766	5,199	283,767	165.85	41.94	+2.1	+5.4	+3.2	+4.9
Ohio.....	37,454	153,168	115,129	4,674,277	124.80	30.52	+.4	-4.1	+3.3	-.8
Okla. 3/ 4/....	18,485	72,327	53,538	2,494,946	134.97	34.50	(6/)	-.8	+2.9	+9.1
Oreg. 3/ 4/....	7,474	28,774	21,294	1,119,237	149.75	38.90	+.1	+1.7	-9.9	-6.7
Pa. 3/.....	75,576	338,657	238,627	9,636,666	127.51	28.46	+5.9	+2.7	-4.6	-5.3
P. R.....	52,843	212,275	169,659	773,078	14.63	3.64	-.2	-.7	-5.9	-6.9
R. I. 3/.....	5,763	23,587	17,199	939,579	163.04	39.83	+4.9	+4.2	+11.4	+14.9
S. C.....	7,997	32,021	25,604	522,735	65.37	16.32	(6/)	+3.4	-5.8	-5.9
S. Dak.....	2,730	9,892	7,529	300,036	109.90	30.33	-1.5	-.8	-.9	-2.0
Tenn.....	19,590	77,054	57,812	1,412,083	72.08	18.33	-.3	-1.4	-5.5	-7.2
Tex.....	19,314	88,261	66,827	1,571,449	81.36	17.80	+.2	(7/)	+19.8	+12.7
Utah 3/ 4/.....	4,997	21,098	15,105	716,332	143.35	33.95	+10.3	+19.3	+13.1	+19.4
Vt.....	1,351	5,096	3,752	152,517	112.89	29.93	+2.0	+1.7	+4.2	+3.2
V. I.....	319	1,172	990	19,771	61.98	16.87	+.7	+.8	+15.4	+15.9
Va. 4/.....	10,556	44,734	34,386	1,057,993	100.23	23.65	+1.2	+.8	+1.5	+2.4
Wash. 3/ 4/....	19,160	78,909	56,106	2,494,250	130.18	31.61	+10.7	+5.6	+87.4	+34.7
W. Va. 3/ 4/...	27,040	123,936	85,084	3,299,048	122.01	26.62	+.5	+.6	-12.0	-6.5
Wis. 4/.....	11,053	43,107	32,404	2,020,404	182.79	46.87	-.1	-5.7	+2.5	+5.4
Wyo.....	837	3,214	2,474	124,631	148.90	38.78	-.5	+4.0	-.2	+2.8

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on unemployed-parent segment; see table 8. 4/ Includes data on foster-family care; see table 9. 5/ Estimated. 6/ Decrease of less than 0.05 percent. 7/ Increase of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, January 1964 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from December 1963 in--	
		Total 2/	Children	Total	Average per--			
					Family	Recipient	Number of recipients	Amount
Total....	60,918	344,136	227,588	$10,278,599	$168.73	$29.87	+13.1	+11.8
Conn.....	2,577	14,091	9,167	477,703	185.37	33.90	+17.9	+16.5
Del.....	586	3,459	2,381	73,409	125.27	21.22	+29.6	+37.8
Hawaii.....	396	2,421	1,649	68,545	173.09	28.31	+6.0	+7.8
Ill.....	7,889	50,147	34,694	1,970,232	249.74	39.29	+3.9	+5.9
Kans.....	359	2,030	1,331	66,967	186.54	32.99	+38.1	+42.6
Md.....	843	5,023	3,409	139,687	165.70	27.81	+30.6	+33.1
Mass.....	672	3,773	2,575	126,983	188.96	33.66	+17.9	+15.6
N. Y.....	16,583	95,128	63,912	3,080,777	185.78	32.39	+15.0	+14.6
Okla.....	21	118	81	3,526	(3/)	(3/)	+11.3	+12.4
Oreg.....	970	4,568	3,236	187,925	193.74	41.14	+27.8	+29.6
Pa.....	12,706	68,837	44,171	1,651,286	129.96	23.99	+17.6	+8.6
R. I.....	698	3,933	2,587	128,758	184.47	32.74	+23.1	+18.5
Utah.....	1,154	6,213	4,127	125,053	108.36	20.13	+24.5	+35.5
Wash.....	3,956	22,263	14,444	507,961	128.40	22.82	+33.5	+41.2
W. Va.....	11,508	62,132	39,824	1,669,787	145.10	26.87	+2.2	+2.4

1/ Data for this segment of the program, shown separately here, are included in table 7. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Average payment not computed on base of fewer than 50 families.

Table 9. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, January 1964 1/

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	4,266	2/ 3,313	2/ 147	1,839	$361,065	$84.64	2/ 222,004	2/ 24,866
Ala.....	11	11	0	4	413	(3/)	413	0
Alaska.....	29	29	0	29	3,497	(3/)	3,497	0
Ariz.....	126	126	0	49	6,880	54.60	6,880	0
Calif.....	1,037	933	104	490	96,095	92.67	76,146	19,949
Ill.....	806	(2/)	(2/)	330	114,195	141.68	(2/)	(2/)
Ind.....	86	86	0	31	3,404	39.58	3,404	0
Kans.....	41	38	3	25	3,705	(3/)	3,356	349
La.....	350	338	12	147	25,693	73.41	24,599	1,094
Md.....	297	285	12	115	21,789	73.36	20,921	868
Mich.....	13	13	0	5	770	(3/)	770	0
Minn.....	128	118	10	74	10,986	85.83	8,575	2,411
Mo.....	23	23	0	4	736	(3/)	736	0
N. Mex.....	94	94	0	35	5,037	53.59	5,037	0
N. C.....	36	36	0	8	1,487	(3/)	1,487	0
Okla.....	268	268	0	108	11,330	42.28	11,330	0
Oreg.....	4/ 107	4/ 107	0	43	10,101	---	10,101	0
Utah.....	205	205	0	88	10,962	53.47	10,962	0
Va.....	42	42	0	14	1,825	(3/)	1,825	0
Wash.....	320	320	0	131	17,233	53.85	17,233	0
W. Va.....	47	41	6	21	2,546	(3/)	2,351	195
Wis.....	200	200	0	88	12,381	61.91	12,381	0

1/ Data for this segment of the program, shown separately here, are included in Table 7. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children. 4/ Estimated.

Table 10. General assistance: Recipients and payments to recipients, by State, January 1964 1/

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		December 1963 in--		January 1963 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/....	374,000	947,000	$25,585,000	$68.38	$27.01	+8.9	+6.6	-5.4	-2.9
Ala.....	65	72	857	13.18	11.90	(3/)	(3/)	-39.0	-37.6
Alaska.....	274	898	18,214	66.47	20.28	+5.9	+4.7	+7.3	+.2
Ariz.....	2,268	5,648	121,293	53.48	21.48	+12.5	+4.7	-11.4	-28.3
Ark.....	479	1,974	7,359	15.36	3.73	+15.2	+6.5	-6.8	-10.2
Calif.....	38,144	105,157	2,291,218	60.07	21.79	+4.3	-2.3	+2.2	+.5
Colo.....	2,053	8,123	100,751	49.08	12.40	+48.3	+40.6	-19.1	-21.9
Conn.....	4/ 4,426	4/ 11,247	4/ 314,913	71.15	28.00	+4.2	+3.1	-9.4	-12.7
Del.....	1,720	2,948	88,680	51.56	30.08	+9.0	+10.7	+18.3	+15.9
D. C.....	545	596	40,398	74.12	67.78	-1.7	-2.5	-36.0	-37.5
Fla. 5/.....	8,000	(6/)	248,000	---	---	---	---	---	---
Ga.....	2,506	6,412	77,036	30.74	12.01	-2.7	-5.9	-4.3	+4.1
Guam 7/.....	7	15	274	---	---	---	---	---	---
Hawaii.....	1,073	1,336	71,052	66.22	53.18	-1.6	-1.0	-10.3	-1.3
Ill.....	30,879	71,553	2,439,750	79.01	34.10	+11.8	+7.7	+.6	-6.8
Iowa 5/.....	5,200	14,500	223,000	---	---	---	---	---	---
Kans.....	3,478	9,464	228,047	65.57	24.10	+11.2	+11.4	-14.4	-7.1
Ky.....	1,859	5,888	70,797	38.08	12.02	+27.4	+25.7	-31.7	-16.5
La.....	8,060	8,893	418,125	51.88	47.02	+1.5	+1.4	+7.5	+5.3
Maine.....	3,305	11,811	165,698	50.14	14.03	+12.2	+14.2	-14.9	-6.4
Md.....	5,859	6,757	421,982	72.02	62.45	+8.4	+6.7	+15.7	+17.2
Mass.....	8,595	18,610	640,673	74.54	34.43	+4.2	+6.7	+18.9	+18.9
Mich.....	30,282	105,272	3,140,242	103.70	29.83	+7.8	+7.9	-16.7	-15.3
Minn.....	11,589	35,863	998,644	86.17	27.85	+12.5	+9.9	+22.1	+4.9
Miss.....	1,116	1,551	16,225	14.54	10.46	+2.2	+2.5	+6.6	-.1
Mo.....	9,623	13,140	631,889	65.66	48.09	+5.0	+2.1	-1.0	+16.1
Mont.....	2,550	8,209	101,553	39.82	12.37	+44.3	+31.8	+4.1	+5.8
Nev.....	328	741	18,287	55.75	24.68	+6.9	-4.0	+79.0	+39.9
N. H.....	1,186	4,111	77,291	65.17	18.80	+22.5	+15.6	+3.2	+13.4
N. J. 8/.....	12,202	43,360	1,460,965	119.73	33.69	+17.9	+14.3	+9.6	+7.9
N. Mex.....	631	1,131	23,642	37.47	20.90	-.8	-.8	+13.4	+20.1
N. Y. 9/.....	41,124	91,067	3,484,362	84.73	38.26	+3.6	+7.0	+15.7	+26.8
N. C.....	2,571	8,495	63,180	24.57	7.44	+30.7	+20.7	+3.1	+1.0
N. Dak.....	700	3,085	47,806	68.29	15.50	+26.0	+30.3	+7.7	+16.4
Ohio.....	34,686	127,243	2,531,918	73.00	19.90	+10.4	+6.5	-17.4	-20.7
Okla.....	7,505	(6/)	98,864	13.17	---	---	-4.2	---	-4.7
Oreg.....	5,658	(6/)	352,336	62.27	---	---	-10.8	---	-6.7
Pa.....	39,514	47,728	2,344,009	59.32	49.11	+3.0	+2.9	-3.6	-2.8
P. R.....	1,326	1,326	9,813	7.40	7.40	+11.4	+7.7	+.5	+.2
R. I.....	3,190	7,862	212,469	66.60	27.02	+23.0	+35.3	+10.4	+14.8
S. C.....	1,634	1,852	40,016	24.49	21.61	+9.5	+.6	-1.5	-15.9
S. Dak.....	487	1,744	17,336	35.60	9.94	+65.3	+58.9	+31.8	+18.0
Tenn.....	2,478	8,028	53,020	21.40	6.60	+19.1	+28.7	-4.0	+11.5
Tex. 7/ 10/.....	9,300	(6/)	228,000	---	---	---	---	---	---
Utah.....	2,031	5,803	161,368	79.45	27.81	+42.5	+50.3	+21.1	+21.9
Vt. 7/ 10/.....	1,000	(6/)	29,000	---	---	---	---	---	---
V. I.....	144	149	4,831	33.55	32.42	-5.7	-6.3	-16.3	-8.0
Va.....	2,776	7,370	126,010	45.39	17.10	+39.9	+19.0	+1.2	+10.6
Wash.....	9,517	18,286	667,999	70.19	36.53	+.7	+6.7	-44.2	-33.0
W. Va.....	1,328	2,267	47,875	36.05	21.12	+9.9	+1.7	-10.5	+8.0
Wis.....	9,272	29,961	888,071	95.78	29.64	+11.6	+15.7	-4.7	+1.7
Wyo.....	610	2,590	51,612	84.61	19.93	+37.0	+32.8	-11.8	-12.0

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey as estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Percentage change not computed on fewer than 100 recipients. 4/ About 10 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Estimated. 8/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 9/ Includes an unknown number of cases and person receiving only medical care. 10/ Estimated on basis of reports from sample of local jurisdictions.

Table 11. Amount of vendor payments for medical care for recipients of public assistance, by program and State, January 1964 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance
Total.....	$33,935,952	$30,929,987	$843,416	$8,608,794	$9,551,567	2/ $8,160,000
Ala.....	1,126,073	90,000	4,370	62,724	170	18
Alaska 3/.....	13,499	---	---	2,685	---	4/ 95,453
Ariz.....	44,031	---	---	---	---	---
Ark.....	642,825	131,527	17,794	177,168	31,422	27,893
Calif.....	3,032,614	6,569,631	140,576	759,443	802,030	115,616
Colo.....	806,988	---	4,156	85,319	97,811	70,682
Conn.....	158,701	5/ 1,142,698	15,784	209,090	313,566	(6/)
Del.....	21,897	---	1,722	---	---	---
D. C.....	71,215	121,659	284	10,777	1,265	95
Fla. 3/.....	1,119,123	122,180	17,712	214,858	54,258	---
Ga.....	668,275	---	7,493	100,077	---	---
Guam 7/.....	225	1,730	---	---	---	---
Hawaii 3/.....	15,704	144,997	2,038	49,978	45,820	17,451
Idaho.....	55,222	230,928	235	21,431	---	---
Ill. 3/.....	2,426,920	309,007	75,068	814,987	1,360,555	4/ 739,084
Ind.....	788,947	---	30,695	53,874	214,895	---
Iowa.....	966,202	3,566	11,653	---	161,483	4/ 8/ 286,000
Kans.....	481,701	5/ 1,462	6,254	86,394	138,240	89,033
Ky. 3/.....	293,058	103,599	8,136	58,909	93,871	---
La.....	1,806,470	59,295	5,849	82,314	18,027	2,872
Maine.....	342,058	130,012	4,103	40,842	27,715	80,479
Md.....	86,472	314,446	3,581	64,668	---	1,363
Mass.....	996,696	5/ 4,135,573	29,000	813,229	399,957	145,734
Mich.....	681,476	1,728,615	14,104	168,732	167,233	359,912
Minn.....	2,859,493	---	47,096	43,197	272,413	295,892
Miss.....	146,603	---	---	---	---	---
Mo.....	842,704	---	---	27,653	32,605	10,616
Mont.....	1,440	---	331	400	397	4/ 376,009
Nebr.....	458,887	---	26,890	76,888	22,624	---
Nev.....	54,170	---	3,788	(9/)	9,988	4/ 246,764
N. H.....	103,318	105,477	5,580	19,628	31,210	(6/)
N. J.....	263,543	5/ 919,648	9,850	225,421	253,007	332,025
N. Mex. 3/.....	171,855	---	5,670	56,400	45,597	13,228
N. Y.....	1,024,380	5/ 9,571,089	81,081	1,811,525	2,383,003	278,824
N. C.....	371,713	---	34,950	261,471	210,924	4/ 130,918
N. Dak.....	132,619	5/ 206,211	1,569	62,954	44,109	4/ 25,135
Ohio.....	1,673,896	---	40,074	213,481	323,669	4/ 980,489
Okla. 3/.....	1,504,998	129,578	30,564	224,136	180,287	(6/)
Oreg.....	135,227	492,820	4,213	143,730	63,871	53,791
Pa.....	501,875	1,698,333	53,997	223,615	348,237	112,340
P. R.....	26,409	70,174	---	---	---	---
R. I. 3/.....	93,000	---	1,470	47,784	139,140	4/ 70,998
S. C.....	326,830	197,907	18,493	80,046	34,645	16,467
S. Dak.....	100,427	---	---	---	---	4/ 112,775
Tenn.....	468,772	172,933	3,464	18,645	29,385	---
Tex.....	2,731,517	---	---	---	---	---
Utah.....	86,212	253,199	2,679	148,511	124,513	3,388
Vt.....	195,385	31,225	1,065	22,174	---	---
V. I.....	2,850	7/ 2,742	4	93	16	223
Va.....	229,490	---	12,861	79,018	40,832	4/ 22,980
Wash.....	580,228	1,416,107	14,008	481,366	338,441	104,390
W. Va.....	164,405	314,975	5,040	69,199	431,985	22,312
Wis.....	1,997,144	---	37,629	385,660	252,242	313,221
Wyo.....	40,170	6,644	443	8,300	10,109	39,167

1/ For State programs not shown, no vendor payments were made during the month or such payments were not reported. 2/ Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and reporting these data semiannually but not on a monthly basis. 3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under combined program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Includes payments made in behalf of recipients of the special types of public assistance. 5/ Includes money payments not subject to Federal participation as follows: $811 in Connecticut, $10 in Kansas, $98,032 in Massachusetts, $9,267 in New Jersey, $49,883 in New York, and $2,273 in North Dakota. 6/ Data not available. 7/ Estimated. 8/ Partly estimated. 9/ No program for aid to the permanently and totally disabled.

Table 12. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, January 1964 1/

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)		
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care
Total	$77.16	$61.66	$15.50	$197.30	$82.01	$73.38	$8.63	$75.86	$58.02	$17.84	$31.67	$29.33	$2.35
Ala.	69.32	58.95	10.37	298.01	52.80	50.28	2.53	46.07	41.60	4.47	11.63	11.63	(2/)
Alaska 3/	78.51	68.77	9.74	---	77.31	77.31	---	79.48	55.29	24.19	34.75	34.75	---
Ariz.	62.36	59.09	3.27	---	72.44	72.44	---	67.74	67.74	---	28.53	28.53	---
Ark.	61.46	50.29	11.17	59.68	67.31	58.30	9.01	56.82	37.20	19.62	16.72	15.55	1.16
Calif.	107.15	95.89	11.26	271.08	128.54	117.01	11.53	108.02	89.93	18.09	44.63	42.56	2.07
Colo.	98.97	82.41	16.55	---	85.71	69.41	16.30	73.21	58.87	14.34	34.56	32.08	2.48
Conn.	79.87	60.26	19.60	212.28	112.73	62.46	50.27	66.34	36.42	29.92	45.56	39.97	5.59
Del.	70.19	51.89	18.31	---	79.12	73.35	5.78	71.79	71.79	---	21.75	21.75	---
D. C.	91.63	62.73	28.90	220.40	72.67	71.19	1.48	77.26	73.68	3.58	32.46	32.39	.07
Fla. 3/	64.44	48.71	15.73	378.27	66.07	59.16	6.91	69.29	55.37	13.92	16.15	15.62	.53
Ga.	55.14	47.88	7.25	---	58.01	55.63	2.38	58.05	54.13	3.92	23.19	23.19	---
Guam 4/	---	---	---	---	---	---	---	---	---	---	---	---	---
Hawaii 3/	68.95	55.06	13.89	249.14	97.96	72.49	25.48	113.30	66.59	46.71	33.82	30.57	3.25
Idaho	72.80	61.56	11.25	125.98	70.43	68.60	1.82	54.08	45.92	8.15	39.66	39.66	---
Ill. 3/	83.96	43.68	40.28	384.34	86.80	58.65	28.15	93.31	63.94	29.37	41.87	36.65	5.22
Ind.	77.49	43.72	33.76	---	77.59	60.46	17.14	111.79	46.09	65.70	28.29	23.72	4.57
Iowa	89.51	56.62	32.89	(5/)	100.39	90.94	9.45	82.65	82.65	---	31.58	27.64	3.95
Kans.	93.63	73.53	20.10	(5/)	88.04	75.94	12.10	106.99	87.55	19.44	37.59	33.33	4.25
Ky. 3/	57.02	51.73	5.29	29.13	67.60	64.22	3.39	69.40	63.14	6.26	24.11	22.86	1.25
La.	82.56	68.62	13.94	149.36	81.09	79.02	2.07	57.57	53.14	4.43	23.04	22.86	.18
Maine	83.73	53.24	30.49	262.65	83.92	72.92	11.00	87.67	69.67	18.00	29.26	27.88	1.39
Md.	72.02	62.88	9.14	35.52	78.06	69.22	8.84	77.26	68.04	9.22	32.32	32.32	---
Mass.	89.23	71.23	18.01	168.04	131.87	119.20	12.67	140.72	67.84	72.88	48.21	43.43	4.78
Mich.	83.13	69.59	13.53	362.70	83.04	74.70	8.34	104.40	80.82	23.58	36.62	35.29	1.33
Minn.	108.97	42.78	66.20	---	107.99	63.81	44.18	60.86	47.82	13.04	48.19	42.12	6.07
Miss.	39.12	37.17	1.95	---	43.15	43.15	---	43.67	43.67	---	9.55	9.55	---
Mo.	66.86	58.80	8.06	---	75.09	75.09	---	68.99	67.10	1.90	23.83	23.53	.31
Mont.	71.94	71.69	.25	---	82.93	81.66	1.27	79.05	78.73	.32	34.50	34.44	.06
Nebr.	79.79	43.68	36.11	---	95.64	55.50	40.13	81.55	49.35	32.20	29.90	28.33	1.57
Nev.	88.78	67.55	21.23	---	119.65	97.11	22.55	(6/)	(6/)	(6/)	31.77	29.69	2.09
N. H.	102.25	79.54	22.72	99.13	102.59	82.15	20.44	113.91	78.15	35.75	43.56	36.28	7.28
N. J.	79.91	61.21	18.70	196.84	83.34	72.88	10.47	94.50	66.94	27.55	48.08	45.40	2.68
N. Mex. 3/	74.83	58.89	15.94	---	88.82	72.48	16.34	86.01	69.49	16.52	31.47	29.97	1.50
N. Y.	90.35	72.18	18.17	298.92	108.70	83.35	25.35	123.45	71.65	51.80	44.24	39.30	4.93
N. C.	58.41	49.94	8.48	---	66.38	59.55	6.83	69.49	57.17	12.32	23.78	21.93	1.85
N. Dak.	86.10	62.14	23.96	197.71	84.99	65.13	19.86	109.47	62.70	46.77	41.94	35.42	6.52
Ohio	85.40	65.76	19.65	---	81.56	69.83	11.73	72.69	60.86	11.82	30.52	28.40	2.11
Okla. 3/	93.97	75.99	17.98	149.97	119.60	101.62	17.98	107.91	90.03	17.88	34.50	32.00	2.49
Oreg.	68.40	56.71	11.69	144.18	84.90	74.42	10.48	63.51	44.49	19.02	38.90	36.68	2.22
Pa.	73.16	62.54	10.62	233.38	73.89	70.88	3.01	64.49	52.96	11.53	28.46	27.43	1.03
P. R.	9.26	8.46	.80	28.14	8.56	8.56	---	8.61	8.61	---	3.64	3.64	---
R. I. 3/	84.40	68.90	15.50	---	89.87	74.87	15.00	90.60	73.00	17.60	39.83	33.94	5.90
S. C.	52.77	40.53	12.23	171.50	64.93	54.26	10.66	54.71	45.18	9.52	16.32	15.24	1.08
S. Dak.	82.33	68.83	13.50	---	68.21	68.21	---	68.71	68.71	---	30.33	30.33	---
Tenn.	52.56	42.49	10.07	52.12	51.58	50.08	1.50	49.85	48.35	1.50	18.33	17.94	.38
Tex.	70.18	58.22	11.96	---	69.20	69.20	---	57.43	57.43	---	17.80	17.80	---
Utah	73.71	57.24	16.47	128.40	75.35	60.30	15.05	73.42	41.27	32.15	33.95	28.05	5.90
Vt.	83.68	48.39	35.29	328.68	70.07	60.12	9.95	83.34	61.23	22.11	29.93	29.93	---
V. I.	37.12	31.12	6.00	(4/)	(5/)	(5/)	(5/)	33.15	32.15	1.00	16.87	16.86	.01
Va.	61.29	44.28	17.01	---	67.96	56.82	11.14	66.32	54.38	11.94	23.65	22.74	.91
Wash.	79.22	62.39	16.83	150.60	90.54	69.60	20.94	58.30	32.31	25.99	31.61	27.32	4.29
W. Va.	49.03	38.13	10.90	35.76	47.98	42.03	5.95	51.34	40.42	10.92	26.62	23.13	3.49
Wis.	100.56	33.01	67.55	---	96.24	50.18	46.06	107.93	39.59	68.34	46.87	41.02	5.85
Wyo.	83.70	68.13	15.56	(5/)	79.76	71.71	8.05	81.74	68.38	13.37	38.78	35.63	3.15

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Less than 1 cent. 3/ Except for aid to families with dependent children, data for each program represent average payments for recipients of the specified type of assistance under the combined program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ Not computed; data estimated. 5/ Average payment not computed on base of fewer than 50 recipients. 6/ No program for aid to the permanently and totally disabled.

Table 13. Proportion of population receiving public assistance (recipient rates), by State, December 1963

[All programs except general assistance include recipients receiving only vendor payments for medical care. All data subject to revision]

State	Recipients of old-age assistance per 1,000 population aged 65 and over	Recipients of medical assistance for the aged per 1,000 population aged 65 and over	Recipients of aid to the blind per 100,000 population aged 18 and over	Recipients of aid to the permanently and totally disabled per 1,000 population aged 18-64	Children receiving aid to families with dependent children per 1,000 population under age 18	Recipients of general assistance per 1,000 population under age 65
United States average 1/	123	2/ 12.8	81	2/ 4.7	42	3/ 5.4
Alabama	389	.8	85	8.0	54	(4/)
Alaska	198	---	94	.7	32	4.0
Arizona	123	---	89	3.0	50	3.4
Arkansas	280	10.7	171	9.5	29	1.0
California	176	13.8	5/ 108	4.2	45	6.3
Colorado	269	---	22	5.9	40	3.1
Connecticut	32	19.7	18	4.7	41	4.5
Delaware	31	---	101	1.7	45	6.2
Dist. of Col	34	7.7	36	6.5	57	.8
Florida	105	.4	70	5.1	42	(6/)
Georgia	294	---	128	12.0	29	1.7
Guam 7/	163	106.0	18	2.3	21	.2
Hawaii	34	11.0	21	3.1	37	2.2
Idaho	79	27.8	29	7.1	26	(6/)
Illinois	59	.5	41	5.1	54	7.0
Indiana	50	---	62	.3	20	(6/)
Iowa	87	---	70	.7	30	4.9
Kansas	96	---	38	3.9	30	4.4
Kentucky	182	15.4	127	5.9	46	1.7
Louisiana	499	1.6	141	10.7	53	2.8
Maine	102	4.0	63	4.7	42	12.3
Maryland	39	34.2	20	4.0	41	2.1
Massachusetts	94	41.7	67	4.0	34	3.9
Michigan	74	7.5	34	1.6	29	13.1
Minnesota	113	---	49	1.8	26	10.2
Mississippi	380	---	230	14.7	67	.7
Missouri	202	---	5/ 165	6.4	53	3.3
Montana	85	---	61	3.5	19	9.0
Nebraska	74	---	73	3.2	20	(6/)
Nevada	128	---	69	---	30	2.0
New Hampshire	63	10.8	67	1.7	14	6.1
New Jersey	23	8.0	22	2.2	32	8/ 6.3
New Mexico	184	---	61	6.8	52	1.2
New York	31	17.8	27	3.5	57	5.5
North Carolina	129	---	178	8.4	46	1.5
North Dakota	91	16.5	22	4.4	20	4.4
Ohio	91	---	53	3.3	30	12.4
Oklahoma	321	3.3	107	9.3	61	(6/)
Oregon	60	17.6	34	8.0	33	(6/)
Pennsylvania	40	6.4	5/ 240	3.0	58	4.5
Puerto Rico	244	13.7	115	17.8	139	.5
Rhode Island	64	---	17	5.8	55	8.3
South Carolina	163	3.9	121	6.7	25	.7
South Dakota	99	---	30	3.0	26	1.6
Tennessee	144	11.8	100	6.2	42	2.0
Texas	280	---	79	1.6	17	(6/)
Utah	78	27.4	31	9.2	32	4.4
Vermont	122	1.5	45	4.9	25	(6/)
Virgin Islands	238	42.5	76	4.9	58	4.5
Virginia	44	---	44	2.9	21	1.3
Washington	119	33.5	35	11.5	46	6.6
West Virginia	84	31.6	77	6.9	130	1.3
Wisconsin	69	---	33	2.7	21	7.4
Wyoming	89	.3	27	3.6	19	6.2

1/ Based on civilian population as of January 1, 1964; estimated by the Social Security Administration. 2/ Based on data for 32 States for medical assistance for the aged and for 53 States for aid to the permanently and totally disabled; no program in operation in remaining States. 3/ Based on data for 46 States. See footnote 6. 4/ Less than 0.05. 5/ Includes recipients of payments made without Federal participation. Recipient rates excluding these recipients are as follows: California, 108; Missouri, 141; and Pennsylvania, 71. 6/ Number of persons aided not currently available. 7/ Estimated. 8/ Includes an unknown number of persons receiving medical care, hospitalization, and burial only.

Old-age, survivors, and disability insurance benefits, summary data, January 1964

Current Month Data

Type of benefit	Benefits awarded in January 1964		Benefits in current-payment status, end of January 1964			Amount of benefits paid 1/ in January 1964 (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	315,270	---	---	---	---	$1,311,520
Total, OASI	285,755	---	---	---	---	1,208,393
Monthly benefits, OASI and DI	220,609	---	19,143,748	$1,269,311	---	1,292,483
Monthly benefits, OASI	191,094	---	17,688,007	1,175,740	---	1,189,355
Monthly benefits, DI	29,515	---	1,455,741	93,570	---	103,127
Old-age (retired-worker)	95,300	$86.39	10,326,430	795,499	$77.04	798,881
Disability (disabled-worker)	14,836	94.59	829,321	75,145	90.61	82,267
Wife's or husband's (OASI and DI)	33,781	40.92	2,757,288	108,963	39.52	111,399
Wife's or husband's (OASI)	29,568	41.92	2,588,882	103,536	39.99	105,169
Wife's or husband's (DI)	4,213	33.87	168,406	5,427	32.22	6,230
Widow's or widower's	25,342	72.30	2,025,825	135,590	66.93	139,676
Parent's	273	79.26	36,882	2,551	69.17	2,717
Child's (OASI and DI)	42,352	---	2,704,044	123,993	---	128,893
Child's (OASI--total)	31,886	---	2,246,030	110,995	---	114,263
Child's (OASI--life) 2/	8,403	31.11	421,326	11,765	27.92	12,100
Child's (OASI--survivor) 2/	23,483	53.69	1,824,704	99,230	54.38	102,163
Child's (DI)	10,466	28.36	458,014	12,998	28.38	14,630
Mother's	8,725	61.56	463,958	27,568	59.42	28,649
Lump-sum death payments	94,661	3/ 213.45	---	---	---	19,037

Comparative Data

Item	January 1964	December 1963	January 1963
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	19,143,748	19,035,489	18,170,835
Total, OASI	17,688,007	17,583,017	16,876,194
Total, DI	1,455,741	1,452,472	1,294,641
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,311,520	$1,304,948	$1,243,102
Total, OASI	1,208,393	1,201,729	1,144,216
Total, DI	103,127	103,219	98,887
Number of old-age (retired-worker) benefits:			
Awarded	95,300	65,743	91,308
In current-payment status, end of month	10,326,430	10,263,331	9,796,680
Average old-age (retired worker) benefit:			
Awarded	$86.39	$78.67	$82.26
In current-payment status, end of month	77.04	76.88	76.30
Number of disability insurance (disabled-worker) benefits:			
Awarded	14,836	16,529	20,460
In current-payment status, end of month	829,321	827,014	749,727
Average disability insurance (disabled-worker) benefit:			
Awarded	$94.59	$94.53	$93.54
In current-payment status, end of month	90.61	90.59	90.04
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	14,995,000	14,908,000	14,256,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	13,233,000	13,160,000	12,584,000
Assets of trust funds, end of month (in millions):			
OASI	$17,424	$18,480	$17,341
DI	2,143	2,235	2,289

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump sum per worker; 89,188 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.

Source: Division of the Actuary, Social Security Administration.

Research and Demonstration Grants Awarded

Research and demonstration grants totaling $299,047 were recently awarded by the Cooperative Research and Demonstration Grants Program, administered by the Welfare Administration with the cooperation of the Social Security Administration. The grants are awarded on the basis of recommendations by a panel of social scientists.

A grant of $184,729 to the Benjamin Rose Institute in Cleveland will support an experimental service for elderly people who are no longer completely capable of managing their own affairs. With a combination of social, legal, and medical services supplemented by home care from visiting nurses, homemakers, and others, it is believed that these persons can remain outside of institutions without endangering themselves or creating problems for the community.

A grant of $30,014 to the Nevada Tuberculosis and Health Association will be used to determine whether, by stimulating local leadership and mobilizing a variety of community resources, the processes which develop a slum can be reversed. The project will be conducted in a 20 square block, low-income section of Las Vegas which has more than doubled its population in the past decade and has developed serious social, health, and housing problems.

A grant of $15,950 to the Hospital and Welfare Board of Hillsborough County, Tampa, Fla., will support a program to help men with a long history of unemployment to overcome personal and vocational problems that prevent them from supporting their families. The researchers will attempt to show that, given the services they need, such men can and will earn a living for their children.

Iowa State University under a grant of $53,448 will study specific retirement plans of six occupational groups, including employees, self-employed businessmen, and farmers. The study will be conducted in 70 Iowa communities in the 2,500-10,000 population range.

The University of Wisconsin was awarded a $14,906 grant for a pilot survey during 1964 of the State's migratory farm labor force. Information will be obtained on the number of migrant workers and their families who come into the State, where they come from, where they work in the State, their employment conditions, and other aspects.

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